US Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

For OSIGNATIONS CAREFUL READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT
1 File Number U 13299	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12/3 / 2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name Charles Dweife	Name Teamsters Local 688
	Labor Organization File Number 015-47
PO Box Bidg Room No If any	P O Box, Building and Room Number if any
Street 300 South Grand Ave.	Street 300 Sath Grand
City St. Carrie	chy St Cor.s
State	State MO ZIP Code + 4 (3/03)
5 Position in labor organization Descarch 7 5	lucation Cicetor
Enter appropriate data below if during the past fiscal year you or your spot (except as specified in the exclusion of the exc	derived income or other economic benefit of
6 Name and address of Employer (including trade name, if any)	7 a. Nature of Interest, Transaction or Income
Name	
Trade Name, if any	
PO Box Bidg Room No if any	
	7 b Amount
Street	
City	
State ZIP Code + 4	
Signs	ature
15 Signature and verification. The undersigned declares under penalty of F submitted in this report (including the information contained in any accompany).	Perjury and other applicable penalties of the law that all of the information

Form LM-30 (2003)

Signed

Telephone Number

Name of Person Filing	4	File Number U
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busines: ively seeking to represent or directly to or otherwise	<b>S</b>
8 Name and address of Business (including trade name if any)  Name  Trade Name If any  P O Box Bldg Room No If any  Street  City  Trade Name If any  ZIP Code +4 63(2)	9 Business deals with  a Labor Organiza  b Trust  c. Employer	tion
10 If 9.b or 9.c. is checked give trust or employer's name	11 a Nature of such deal	
Name Trade Name if any  P O Box, Bidg. Room No if any	legal?	Services
Street	11 b Approximate dollar valu	e of such dealing
City	12 a Nature of interest hek	······································
State ZIP Code + 4	Christmas, \$600 00 Campa g	Holiday G ft -L State (up Contr betiens
	12.b Amount	\$5000
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B above)	
13 a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any)		
	or other thing of value	-
(Including trade name, if any)	or other thing of value	-
(Including trade name, if any)	or other thing of value	
(Including trade name, if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street	or other thing of value	
(Including trade name, if any)  Name  Trade Name if any  P O Box Bldg Room No if any	or other thing of value	

Name of Person Filing		File Number U
B Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or directly to or otherwise	3
8 Name and address of Business (including trade name if any)  Name American Income Life  Trade Name if any  PO Box Bidg Room No if any 2.0 30x 2608  Street  City Noco  State ZIP Code + 4 7 0 7917	9 Business deals with  a Labor Organiza  b Trust  c. Employer	tion
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C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13 a. Name and address of Employer or Labor Relations Consultant	12 b Arnount r parts A and B above) or other thing of value	
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8 Name and address of Business (Including trade name if any)  Name	9 Business deals with  a. Labor Organization  b Trust  c Employer
10 If 9.b or 9.c. is checked give trust or employer's name	11 a Nature of such dealing
Name Trade Name if any P O Box, Bldg. Room No if any	Legal Serces
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or from any labor relations consultant to an employer any payment of money  13 a. Name and address of Employer or Labor Relations Consultant	or other thing of value
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or from any labor relations consultant to an employer any payment of money  13 s. Name and address of Employer or Labor Relations Consultant (Including trade name if any)  Name	or other thing of value

The transactions; dealings and interests that are detailed in the attached form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period 01/01/2004 to 12/31/2004 Accurate records of reportable occurrences were not kept for 2004 fiscal year and one or more items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the above period, I will promptly file an amended LM-30.

In addition, because I serve as a state representative, I included copies of contribution reports filed during the 2004 reporting period. I included such reports because, in my limited scope of duties at Local 688, there is no way to be certain of every vendor or business that has a relationship with Local 688. You can also visit the Missouri Ethic Website at www moethics gov for the same information.

08/15/05





A STATE OF			
NAME OF COMMIT		DATE	1
	ATE REPRESENTATIVE	12/2/2004	
INSTRUCTIONS		! 	
(Contributions R	purpose of the Contributions Received supplement is to provide a printed sectived). This form should be used as additional space for reporting persibutions. This form may be reproduced as needed.		
Total all itemized Form CD 1	contributions at the bottom of the page and carry to item 7 (Subtotal Ite	mized Contributions From	Any Attached Pages) on
if further informi	ation is needed concerning reporting itemized expenditures: see Form CD	1 instructions	
A ITEMIZED CONT	RIBUTIONS RECEIVED	4 DATE RECEIVED	5) AMOUNT RECEIVED
MORE THAN \$10	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING TO A COMMITTEE S AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO	(CHECK IF MONETARY OR IN KIND)
NAME	O AND OCCUPATION (CDT COMMITTEES PROST)		1
ADDRESS CITY / STATE	Home Building Industry Political Action Committee 10104 Old Olive Street Road Saint Louis MO 63141	10/31/2004	\$ 100 00
EMPLOYER COMMITTEE	SETUT MOUTS MA COTAT	\$ 0	MONETARY IN KIND
NAME			
ADDRESS CITY / STATE	Centurytel Partners for Missouri 220 Madison St 3rd Floor	11/1/2004	\$ 300 00
EMPLOYER  COMMITTEE	Jefferson City, MO 65101	\$ 0	MONETARY IN KIND
NAME			
ADDRESS CITY / STATE	61st District Concerned Citiznes 2809 Caroline	11/1/2004	\$ 150 00
EMPLOYER  COMMITTEE	Saint Louis MO 63104	\$   \$ 0	MONETARY
NAME		<del>                                     </del>	IN-KIND
ADDRESS CITY / STATE	Pat Roftery 1724 Foxglove Drive	10/22/2004	\$ 150 00
EMPLOYER	St Charles MO 63033 Teamstors 688		MONETARY
COMMITTEE		\$ 0_	IN-KIND
NAME	Mel Cultrell		
ADDRESS CITY/STATE	5535 Pierre Ct Saint Louis MO 63128	10/22/2004	\$ 50 00
EMPLOYER	Teamstors 688		[] MONETARY
COMMITTEE		\$ 0	IN KIND
NAME	Planned Parenthood Vote-		
ADDRESS	4251 Forcat Park Avenue Saint Louis MO 63108	10/26/2004	\$ 300 00
CITY / STATE EMPLOYER	SPIUL FORIS WO 03109	***************************************	MONETARY
COMMITTEE		\$ 0	IN KIND
NAME	Manala		_
ADDRESS	Merck One Merck Drive	10/26/2004	\$ 200 00
CITY / STATE	Whitehouse NJ 88891	10/26/2009	[7] HONETARY
COMMITTEE		\$ 0	MONETARY IN KIND
NAME		<del></del>	1 14 (A)14/2
ADDRESS	Jeff Harris Leadership Team	10/26/2004	\$ 125 00
CITY / STATE	2400 Topaz Dr Columbia MO 65203	10/26/2004	
EMPLOYER  COMMITTEE	COLUMNIA MO 03503	\$ 0	MONETARY IN KIND
<del></del>	ED CONTRIBUTIONS	<u> </u>	
TOTAL HEMILI	TE CALLINGGUALIA		

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)

FORM CD-1 SUPPLEMENTAL



committee contributions. This form may be reproduced as needed



NAME	٦F	COMM	HTTEE		
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DATE 12/2/2004

INSTRUCT	IONS			
PURPOSE	The purpose of the Contribution:	Received supplement is to provide a pi	rinted outline for attach	ing additional pages to Form CD1
(Contributi	lone Received). This form should i	re used as additional space for mooting	a nemana contributina	more than \$100 and for

Total all Itemized contributions at the bottom of the page and carry to stem 7 (Subtotal Itemized Contributions From Any Attached Pages) on

If further information is needed concerning reporting itemized expenditures see Form CD 1 instructions

A ITEMIZED CONTRIBUTIONS RECEIVED		4 DATE RECEIVE	ED 5 AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING			(CHECK IF MONETARY
MORE THAN \$100 TO A COMMITTEE		AGGREGATE DATE	OR IN-KIND)
3 NAME ADDRESS	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<del></del>
	Edison Schools	1	\$ 200 00
ADDRESS	521 Fifth Ave	10/26/20	04
CITY / STATE	New York NY 10175	***************************************	
EMPLOYER  COMMITTEE		<b>  \$</b> 0	MONETARY
			I IN KIND
NAME	Committee for Political Act on of Missouri Certified		
ADDRESS	Public Accountants	10/26/20	04 \$ 300 00
CITY / STATE	PO Box 419043 Saint Louis MO 63141	•••	
EMPLOYER	Parite Hoads and Allia	<b>S</b> 0	MONETARY
COMMITTEE NAME	· <del></del>		IN KIND
	Mike Dace		l ec 50 00
ADDRESS CITY / STATE	2284 Riverwood Trails	10/22/20	, , , , , , , , , , , , , , , , , , , ,
	Florissant MO 63031		
EMPLOYER	1102304011 110 41411	<b>  \$</b> 0	MONETARY
COMMITTEE		<u> </u>	IN KIND
NAME	HBAM PAC		
ADDRESS	215 E Capitol Ave	11/1/200	34   \$ 100 00
CITY / STATE	Jefferson City MO 65101	**********	<u></u>
EMPLOYER		<b>S</b> 0	MONETARY
COMMITTEE			IN-KIND
NAME	The Swain Group		1 -
ADDRESS	21 Bingham Rd	11/1/200	34 \$ 300 00
CITY / STATE	Columbia MO 65203	11/1/200	
EMPLOYER	00.20.00.00.00.00.00.00.00.00.00.00.00.0	\$ o	MONETARY
COMMITTEE			IN-KIND
NAME	Cond Communicate Ann Victoria		
ADDRESS	Good Government for Missouri PO Box 16070	11/1/200	300 00
CITY / STATE	Saint Louis MO 63105	11/1/200	/9   
EMPLOYER	pathic podite. Wo 00103	\$ o	MONETARY
COMMITTEE		<u> </u>	IN-KIND
NAME	TIDODA W		
ADDRESS	UPSPAC-Missouri		\$ 300.00
CITY / STATE	55 Glenlake Parkway NE	11/1/200	34
EMPLOYER	Atlanta GA 30328	\$ 0	MONETARY
COMMITTEE		ا ع	IN-KIND
NAME			
ADDRESS	Missouri Union of Law Enforcement	11/1/20	S 100 00
CITY / STATE	5976 Howdershell Ra Suite 109	11/1/200	
EMPLOYER	Hazelwood MO 63042		MONETARY
Z COMMITTEE		\$ 300	IN-KIND
TOTAL ITEMIZE	D CONTRIBUTIONS	· · · · · · · · · · · · · · · · · · ·	
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(CARRY	TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTA	CHED PAGES" ON FO	DRM CD 1)

FORM CD-1 SUPPLEMENTAL



# MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE 2 REPORT DATE ZWEIFEL FOR STATE REPRESENTATIVE 12/2/2004 EXPENDITURES OF \$100 OR LESS BY CATEGORY 4 AMOUNT PAID OR (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW) INCURRED THIS PERIOD 3 CATEGORY OF EXPENDITURE View Supplemental Form(s) \$ 5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4) 0 00 8 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES +\$ 190 73 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6) 190 73 10 PURPOSE (II **ITEMIZED EXPENDITURES ALL OVER \$100** PAYMENT WAS TO A 9 DATE AND ALL PAYMENTS TO CAMPAIGN WORKERS 11 AMOUNT THIS PERIOD CAMPAIGN WORKER SHOW 8 NAME AND ADDRESS OF RECIPIENT AGGREGATE PAID) NAME **ADDRESS** PAID CITY / STATE S INCURRED NAME S ADDRESS View Supplemental Form(s) PAID INCURRED CITY / STATE NAME S **ADDRESS** PAID CITY / STATE INCURRED NAME **ADDRESS** PAID INCURRED CITY / STATE NAME ADDRESS PAID S CITY / STATE INCURRED 12 SUBTOTAL THIS PAGE (SUM COLUMN 11) 0 00 13 SUBTOTAL ANY ATTACHED PAGES + 5 15 192 82 14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12+13) \$ 15 192 82 15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14) 15 383 55 16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD 15 383 55 17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD \$ 18 IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD LIST AMOUNT 0 00 19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD18) 0 00 MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) 21 DATE 22 AMOUNT 20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE NAME Sam Page for State Representative 1001 Craig Rd Suite 485 ADDRESS 11/10/2004 CITY/STATE Creve Couer MO 63146 300 00 NAME **ADDRESS** \$ CITY / STATE NAME **ADDRESS** CITY / STATE 23 SUBTOTAL THIS PAGE (SUM COLUMN 22) 300 00 +\$ 24 SUBTOTAL ANY ATTACHED PAGES 0 00 25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24) 300 00 \$ 26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT 0 00 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26) \$ 300 00 \$ 28 IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT 0 00

FORM CD3



# MISSOURI ETHICS COMMISSION EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM



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FORM CD 3 SUP A



# MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

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NAME OF COM	MMITTEE STATE REPRESENTATIVE		REPORT DATE 12/2/2004	
	ED EXPENDITURES ALL OVER \$100		PURPOSE (IF PAYMENT	
AND ALL	L PAYMENTS TO CAMPAIGN WORKERS  DRESS OF RECIPIENT	DATE	WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME	St Louis Pre-Sort			\$
ADDRESS	5051 Southwest Ave	11/1/2004	mailing costs	PAID 461 50
CITY / STATE	Saint Louis MO 63110		\$ 0.00	INCURRED
NAME	Dell		printer ink	\$ 177 18
ADDRESS	PO Box 6403 Carol Stream IL 6019/	11/1/2004	1-	PAID
CITY / STATE	Carol Stream IL 6015/		\$ 0 00	INCURRED
NAME	Croative Litho		printing costs	764 10
ADDRESS	3021 Cherokee Street Saint Louis MO	11/1/2004	\$ 0.00	PAID
CITY / STATE			\$ 0.00	INCURRED
NAME ADDRESS	Creative Litho 3021 Cherokee Street		printing costs	PAID 1 210 73
CITY / STATE	Saint Touis MO	11/1/2004	\$ 0.00	
NAME			-   <del></del>	6
ADDRESS	Melissa Threadgill 3330 Cherry Valley Rd	11/1/2004	campaign consul	PAID 4 700 00
CITY / STATE	Allegany NY 14706	12,0,133	\$ 0.00	
NAME	Greg Shufeldt	<del></del>	campaign consul	\$
ADDRESS	3931 Cleveland	11/1/2004	Campaign Consul	PAID 1 000 00
CITY / STATE	St Louis mo		\$ 0 00	INCURRED
NAME	Brenda Zweifel		election day fo	<b>1</b> \$
ADDRESS	1962 Croftdale Dr Florissant MO 63031	11/2/2004	_	PAID 170 do
CITY / STATE	F101155811L MC 03031		\$ 0.00	INCURRED
NAME	SEC		phones	\$
ADDRESS	PO Box 6300747 Dallas TX 75263	11/11/2004		PAID 500 00
CITY / STATE			\$ 0.00	INCURRED
NAME ADDRESS	Russos Catering 9904 Page Ave	11/11/2004	cater.ng	PAID 2 002 19
CITY / STATE	St Louis MO 63132	11/12/1402	\$ 0.00	1
NAME	No de company			\$
ADDRESS	Andy Taylor 9904 Page Ave	11/11/2004	tip - catering	PAID 100 00
CITY / STATE	St Louis MO 63132	-,	\$ 0.00	INCURRED
NAME	Mary Rodends		reimbursements	\$
ADDRESS	Houle Building Capital Past Office	11/11/2004	T CTUMOT SCHOLLED	PAID 1,500 00
CITY / STATE	Jetterson City MO 65102		\$000	INCURRED
NAME	Clint Zweifel		reimbursements	\$
ADDRESS	1960 Acorn Frail Dr Florissant MO 63031	11/11/2004		PAID 2 067 80
CITY / STATE	. 101183000 10 0101		\$ 0.00	INCURRED
NAME	Clint Zweifel		reimbursements	\$ 75 85
ADDRESS	1960 Acorn Trail Dr Florissant MO 63031	11/11/2004		
CITY / STATE		<del></del>	\$ 0 00	INCURRED
NAME ADDRESS	Greg Shufeldt 3931 Cleveland	1. /1 /222	reimbursements	PAID 55 60
CITY / STATE	St Louis MO	11/1/2004	\$ 000	I STAND
NAME	Malaras mburgalarita	<del></del>		S S
ADDRESS	Melissa Threadgill 3330 Cherry Valley Rd	11/1/2004	reimbursements	F PAID 113 51
CITY / STATE	Allegany NY 14706		\$ 0.00	
	EMIZED EXPENDITURES ALL OVER \$100 AND ALL	PAYMENTS TO CAMPAIG		
(CARRY TO ITEM 13 "SUBTOTAL ANY ATTACHED PAGES" ON FORM CD-3)			\$	
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FORM CD3 SUP B



# MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

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			E ROBERT CARLE JULIE
NAME OF COMMITTEE  2WEIFEL FOR STATE REPRESENTATIVE		REPORT DATE 12/2/2004	, , , , , , , , , , , , , , , , , , , ,
		PURPOSE (IF PAYMENT	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS	DATE	WAS TO A CAMPAIGN	AMOUNT THIS PERIOD
NAME AND ADDRESS OF RECIPIENT		WORKER SHOW  AGGREGATE PAIDL	
NAME Clint Zweifel			\$
ADDRESS 1960 Acorn Trail Dr	11/1/2004	reimbursements	V. PAID 294 36
CITY/STATE Florissant MO 63031	11/1/2004	\$ 0.00	INCURRED
NAME	<del></del>		S
ADDRESS			PAID
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TOTAL ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL		GN WORKERS	
(CARRY TO ITEM 13 "SUBTOTAL ANY ATTACHED P	<u> </u> \$		

FORM CD3 SUP 6

# Missouri Ethics Commission

1 DATE OF REPORT OFFICE USE ONLY

COMMITTEE DISCLOSURE	REPORT CO	OVER PAGE	10/25/2004	]		
MEC ID NO						
INSTRUCTIONS ON REVERSE SIDE	<u></u>		_			
2 FULL NAME OF COMMITTEE	<del></del>			<del></del>		
ZWEIFEL FOR STATE REPRESENTATIVE						
3 COMMITTEE MAILING ADDRESS			4 COMMITTEE TELEPHO	NE NUMBER		
1960 ACORN TRAIL DRIVE						
CITY / STATE / ZIP			(314) 972-1990			
FLORISSANT MO 63031						
5 TREASURER S NAME				-		
JANICE SMITH						
6 TREASURER'S MAILING ADDRESS	<del></del>		7 TREASURER'S TELEP	HONE NUMBER		
1960 CORN TRAIL DAIVE			HOME (314) 972-1990	:		
CITY / STATE / ZIP	··································	· · · · · · · · · · · · · · · · · · ·	WORK (314) 731 3969	)		
FLORISSANT MO 63031			<u> </u>			
8 DEPUTY TREASURERS NAME CHECK IF NO	DEPUTY TREA	ASURER				
9 DEPUTY TREASURER'S MAILING ADDRESS			10 DEPUTY TREASURE	RS TELEPHONE NUMBER		
			HOME			
			WORK			
11 DATE OF ELECTION	12 TYPE OF E	LECTION (CHECK	ONE)			
11/2/2004		PRIMARY	O GENERAL	O SPECIAL		
13 TIME PERIOD COVERED BY THIS STATEMENT	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>					
FROM 10/1/2004		THROUGH 10/21/	2004			
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATES		15 TYPE OF REPO	RT			
ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVI POLITICAL PARTY	SION AND	15 DAYS AFT	ER CAUCUS NOMINATION	1		
CLINT ZWEIFEL		COMMITTEE	E QUARTERLY REPORT			
		Ja	in 15 🔲 Apr 15 📋	Jul 15Oct 15		
1960 ACORN TRAIL FLORISSANI MO 63031		8 DAYS BEFO				
(3)4) 972-1990		30 DAYS AFTI	ER ELECTION			
STATE REPRESENTATIVE DISTRICT 78		TERMINATION	N (ATTACH FORM CO-3)	}		
		SEMIANNUAL	DEBT REPORT			
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<u> </u>		I <u> </u>	ER PETITION DEADLINE			
CHECK IF INCUMBENT		OTHER				
Decomples Decompar		AMENDING P	REVIOUS REPORT DATÉ	)		
REPUBLICAN DEMOCRAT						
18 COMMITTEE TREASURER'S SIGNATURE		17 CANDIDATES S	IGNATURE ( CANDIDATE	COMMITTEES ONLY )		
I CERTIFY THAT THIS REPORT COMPRISED OF THIS ( PAGE AND ALL ATTIACHED FORMS IS COMPLETE TRI ACCURATE			THIS REPORT COMPRIS ATTACHED FORMS IS CO			
ELECTRONICALLY NILED Oct 25 2004 3 25PM		BLECTRON	CALLY FILED Oct 25 2	1004 3 25FM		
TREASURER S SIGNATURE			E S SIGNATURE			

MO 300 1310



# Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

ZWEIFEL FOR STATE
REPRESENTATIVE

DATE OF REPORT 10/25/20

								1	的企	<b>3</b>
RECEIPTS	A THIS PERIOD	B THIS	ELECTION		STATEMEI BEGINNING AM			ING		,
TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 2	3 875 00	CINANCIAL CONDITION						
2 ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 22 740 00			MONEY ON HAND						
ALL LOANS RECEIVED THIS PERIOD	+\$ 0 00			MONET ON HAND						
MISCELLANEOUS RECEIPTS THIS PERIOD	+\$ 0 00			25	MONEY ON HAND AT THE BEGINNIN THIS REPORTING PERIOD (INCLUDIN FUNDS IN DEPOSITORY CASH SAV	IG	\$	49	421	on
SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM ZA + 3A + 4A)	\$ 22 740 00			-	ACCOUNTS AND ALL OTHER INVESTMENTS)					
IN KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$ 100 00			26	MONETARY RECEIPTS THIS PERIOD		+ \$	22.	740	00
TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + BA)	\$ 22 840 00				(FROM ITEM 5)		_			
FUNDS USED FOR REPAYING LOANS THIS PERIOD	-\$ 0.00		/ Po	27	MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 24 )	J	\$	40.	461	49
8 TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A BA)		\$ 4	6 715 00	26	a) Disbursements By Chock \$ts b) Disbursements By Cash \$	00		1		<b>-</b> _
EXPENDITURES  10 TOTAL EXPENDITURES FOR THIS	A. THIS PERIOD	B THIS	ELECTION	20	MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 25 27)		\$	31,	699	51
ELECTION PREVIOUSLY REPORTED		\$ 2	0 485 61	_						
11 EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 36 561 49			INDEBTEDNESS						
12 IN-KIND EXPENDITURES MADE THIS PERIOD	+\$ 000		di d							
13 DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$ 0.00			29	OUTSTANDING INDEBTEDNESS AT THE		\$		n	00
14 TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 36 56_ 49		To the state of	20	BEGINNING OF THIS PERIOD					
15 TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		<b>S</b> 5	7 047 10	30	LOANS RECEIVED THIS PERIOD		+ \$		0	00
CONTRIBUTIONS MADE	A. THIS PERIOD	8 THIS	ELECTION	31		_				
16 TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		ΙΨ	1 200 00		NEW DEBTS INCURRED THIS PERIO	D	+ \$		0	00
17 ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 3 900 00	K-120-121-121-1								
18 ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD	+\$ 0 00			32	PAYMENTS MADE ON LOANS THIS PERIOD		- \$		0	00
19 TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 3 900 00			33	· Lindo					
20 TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 168 + 184)		\$	5 100 00		CREDITS RECEIVED ON LOANS THIS	,	- \$		0	00
OTHER DISBURSEMENTS	A THIS PERIOD	B THIS	ELECTION	24	PERIOD					
PERIOD PERIOD POR REPAYING LOANS THIS PERIOD	+\$ 0 00			34	PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PE	SIDO	- \$		0	00
PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$ 0.00			205	DED TO HINGHINGS HT FRETIONS FE					
NOT REPORTED ELSEWHERE	+\$ 0 00			33	TOTAL INDEBTEDNESS AT THE CLO OF THIS REPORTING PERIOD	6E	\$		0	00
PERIOD (SUM 21A + 22A + 23A)	\$ 0.00		7		(SUM 29 + 30 + 31 32 33 34)					



## MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED INSTRUCTIONS ON REVERSE SIDE

1 NAME OF COMMITTEE	2 REPORT DATE			
ZWEIFEL FOR STATE REPRESENTATIVE	10/25/2004			
A ITEMIZED CONTRIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOU	NT RECEIVE	ED
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	AGGREGATE TO		CHECK IF	
MORE THAN \$100 TO A COMMITTEE	DATE		ONETARY R IN-KIND)	
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME	DAIL	· · · · · ·	( 1,4-1,110)	
ADDRESS		<b>S</b>		
CITY / STATE View Supplemental Form(s)		*		ľ
EMPLOYER			MONETARY	.
COMMITTEE	\$		N-KIND	
NAME			· ·	
ADDRESS		\$		
CITY / STATE	1 1111111000			- {
EMPLOYER	\$		MONETARY	
COMMITTEE		<u> </u>	N KIND	
NAME		١ ـ		
ADDRESS		\$		
CITY / STATE	ha			
EMPLOYER	\$		VONETARY	
L COMMITTEE NAME		<u> </u>	N KIND	—(
ADDRESS		ı e		- 1
CITY / STATE		\$		1
EMPLOYER	- ·······		MONETARY	.
COMMITTEE	\$	. =	N-KIND	
NAME			INTERIOR	$\dashv$
ADDRESS		\$		
CITY / STATE				
EMPLOYER	~	l mi	MONETARY	.
COMMITTEE	\$		N-KIND	
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$	<del></del>	00
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$	22 725	
B TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	22 725	
	<del></del> _	<u> </u>		
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$	22 625	00
10 AMOUNT OF ITEM 9 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$	100	00
B NON-TEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)			MOUNT ECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED INLINE 6 ON FORM	I CD1A	\$		00
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$	115	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$	<del></del>	00
14 TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING	\$ \$100 OP I E\$\$	\$	<del></del>	$\dashv$
C LOANS RECEIVED		1 -	OUNT OF LO	DO
15 NAME AND ADDRESS OF LENDER	16 DATE RECEIVED	(IF MC	THAN \$100	
NAME	THE OF THE O	AT.	ACH CD 181	
ADDRESS		ļ		
CITY / STATE		\$		
NAME		1	<del></del>	
ADDRESS		1		
CITY / STATE		\$		
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)	<u> </u>	Š	n	00
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$		
	****	\$		00
20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)		\$		00
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 + 14)		1 %	100	രവ
		1	100	~~
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$	22,740	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13) 23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & AD	DRESS (SUM 9 13 & 20)	1		00





NAME OF COMMITT		DATE	İ		
ZWLIFEL FOR ST	ATE REPRESENTATIVE	10/25/2004			
INSTRUCTIONS					
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.  Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.					
If further informa	ation is needed concerning reporting itemized expenditures see Form C	D-1 Instructions			
A ITEMIZED CONT	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED		
FROM COMMITT	EES RI GARDLESS OF THE AMOUNT OR FROM PERSONS GIVING				
	0 TO A COMMITTEE	AGGREGATE TO	(CHECK IF MONETARY OR IN-KIND)		
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE			
NAME	The ! Young		30.00		
ADDRESS	Phil Young 509 NW Ashurst Court	10/7/2004	\$ 30.00		
CITY / STATE	Lee s Summit MO 64081		==		
EMPLOYER	DOG & DEWALT 110 A10A1	\$ 30	MONETARY		
COMMITTEE			IN KIND		
NAME	Mary Mc^laughlin		l		
ADDRESS	39 Hoditation Way	10/6/2004	\$ 25 00		
CITY / STATE	Floresant MO 63031	6666 6s	l		
EMPLOYER	rot: ed	\$ 25	MONETARY		
COMMITTEE			IN KIND		
NAME	Mark Bruenmer	•	<b>6</b> 50.00		
ADDRESS	BBIJA JUNIAW FORF	10/7/2004	\$ 50 00		
CITY / STATE	Lohman MO 65053 Team:ters		i 🖼		
EMPLOYER	( cam ) Col B	\$ 50	MONETARY		
COMMITTEE			IN KIND		
NAME	Jim Williams				
ADDRESS	PO Eox 50	10/7/2004	\$ 100 00		
CITY / STATE	Smithville NO 64089 Tehmuters 955	-	<b></b>		
EMPLOYER	1 cm ( ) ( ) ( )	\$ 100	MONETARY		
COMMITTEE			IN KIND		
NAME	Rich Piglowsk				
ADDRESS	544 Nalinmo	10/7/2004	\$ 50 00		
CITY / STATE	St Charles MO 63304 Teagraters Business Representative		- Administration		
EMPLOYER		\$ 50	MONETARY		
L COMMITTEE			I IN KIND		
ADDRESS	Daniel Yeumann		\$ 50.00		
CITY / STATE	631 Woodbriar Ln St Peters MO 63376	10/7/2004	Ι Ψ 30 00		
EMPLOYER	Team iters		MONETARY		
COMMITTEE		\$ 50	IN KIND		
NAME			L. IN KIND		
ADDRESS	Mike Gorbel		\$ 300.00		
CITY / STATE	9313 Southtowne Farme St Louis NO 63123	10/7/2004	300 00		
EMPLOYER	Teamsters Local 688	** = ****	MONETARY		
COMMITTEE		\$ 300	IN KIND		
NAME					
ADDRESS	Rich Diffley		\$ 300 00		
CITY / STATE	325 (folder Vally Dr Saint Louis MO 6)129	10/7/2004	30000		
EMPLOYER	Teamstors		MONETARY		
COMMITTEE		\$ 300	IN KIND		
	- D. O. M. T. G. M. D. M. C. M		1		
IOIAL ITEMIZI	ED CONTRIBUTIONS				
(CARRY	TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTA	CHED PAGES" ON FORM CD	± 1)		
10			-		





NAME OF COMMITTE	E T	DATE	الواقعينية في مريد و المحالة به هم محمد المحال الربي و مستند مستنده في واحد ( الربي
ZWEIPEL FOR STAT	te representative	10/25/2004	
INSTRUCTIONS			
(Contributions Rec	urpose of the Contributions Received supplement is to provide a printe ceived). This form should be used as additional space for reporting perutions. This form may be reproduced as needed.	d outline for attaching additions contributing more than	onal pages to Form CD1 I \$100 and for
Total all itemized of Form CD 1	contributions at the bottom of the page and carry to item 7 (Subtotel It	emized Contributions From A	Any Attached Pages) on
If further informati	on is needed concerning reporting itemized expenditures see Form CI	1 Instructions	
MORE THAN \$100	ES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME ADDRESS CITY / STATE	MU-PAC PO Box 1838 Columbia MO 65205	10/7/2004  \$ 100	\$ 100 00  MONETARY IN KIND
CITY / STATE	Missouri Insurance Coalition PAC 220 Madison St 3rd Floor Jefferson City, MO 65101	10/8/2004 \$ 150	\$ 150 00  MONETARY INLKIND
CITY / STATE	Missouri Chamber PAC PO Box 149 Jeflerson City MO 65102	10/17/2004 \$ 100	\$ 100 00  MONETARY IN KIND
CITY / STATE	Missouri Dental Hygienist PAC 205 E Capital Ave Suite 100 Jefferson City MO 65_01	10/10/2004	\$ 100 00

PLOYER ∐ MONETARY □ IN KIND \$ 100 Z COMMITTEE NAME Mis ouri Time Sales Service Inc ADDRESS \$ 200 00 1806 Southwest Blvd 10/10/2004 CITY / STATE Jefferson City MO 65101 MONETARY EMPLOYER 200 COMMITTEE IN KIND NAME Cement Masons Union Local No 527 ADDRESS \$ 100 00 10/10/2004 3341 Hollenberg Dr CITY / STATE Bridgeton MO 63044 EMPLOYER ✓ MONETARY \$ 100 **☑** COMMITTEE IN-KIND NAME Taxpayers in Support of Public Education ADDRESS 300 00 1810 East Elm Street 10/10/2004 CITY / STATE Jefferson City MO 65101 EMPLOYER MONETARY \$ 300 COMMITTEE IN KIND NAME Professional Fire Fighters of Eastern Missouri PAC ADDRESS 300 00 6100 Madison Ave 10/10/2004 CITY / STATE Saint Louis MO 63134 EMPLOYER **✓** MONETARY \$ 300 Z COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7, "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)





NAME OF COMMITTEE  ZWEIFEL FOR STATE RE	PODL COMMUNICE	DATE	25 /2004	-	
	PARSENTATIVE	107	25/2004		
INSTRUCTIONS		· ·			
(Contributions Received committee contribution	e of the Contributions Roceived supplement is to provide a printed out d). This form should be used as additional epace for reporting persons s. This form may be reproduced as needed butions at the bottom of the page and carry to stem 7 (Subtotal I itemize	contrib	uting more than	n \$100 and	i for
Form CD 1	needed concerning reporting itemized expenditures, see Form CD 1 in			Ally Attac	ieu rages, ou
A MEMIZED CONTRIBUTI	ONS RECEIVED	DATE	RECEIVED	Is AMOI	INT RECEIVED
	GARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	DATE	KECEIVED	J AMOL	N RECEIVED
MORE THAN \$100 TO A	COMMITTEE	AGGF	REGATE TO		CK IF MONETARY OR IN-KIND)
	OCCUPATION (LIST COMMITTEES FIRST)		DATE	<u>`</u>	<del></del> -
NAME	rican Family Insurance Missouri PAC			ا ـ ا	700 00
	2 Mitchell Ave	10/	10/2004	\$	200 00
DITTE	Joseph MO 64507	-			
COMMITTEE	-	\$	200	😕	MONETARY
NAME				<del>                                     </del>	IN KIND
	District Democratic Degislative District Committee			s	3 000 00
CITY STATE 1140	Keevan	107	11/2004	3	3 000 00
EMPLOYER	_seant MO 63031				MONETARY
Z COMMITTEE		\$	3000		IN KIND
NAME				<del> </del>	
	christy Drive			S	300 00
CITY / STATE Suite	g 101 -	10/	14/2004	'	
EMPLOYER Jeffe	erson City MO 55101	\$	300		MONETARY
Z COMMITTEE		Φ	300		IN KIND
NAME					
2000	klayers Local No 1 of Missour: Tru-h Committee Market St	107	14/2004	\$	100 00
CITY / STATE Sain	L LOUIS MO 63103	107.		l	
EMPLOYER	+	\$	100		MONETARY
COMMITTEE			<del></del>	$\vdash$	IN-KIND
NAME ADDRESS File	edman Group LTD			,	
~DD:\LUU	Washington Ave	10/	14/2004	\$	100 00
EMPLOYER Sali	nt Louis MO 63130		-	125	MONETABL
COMMITTEE		\$	100	144	MONETARY IN-KIND
NAME				<del> </del>	ile-tileD
	mational Union of Elevator Constructors Local No 3			s	300 00
CITY / STATE 5916	Wilson Ave	10/	14/2004	*	200 00
EMPLOYER Sain	. Louis MO 63110	Φ			MONETARY
COMMITTEE		\$	300		IN KIND
NAME					
ADDINESS	ertis			\$	300 00
CITT STATE	Health Plaza Hanover NJ 79361	10/	14/2004	İ	
EMPLUTER	L Manover No /9301	\$	300		MONETARY
COMMITTEE					IN-KIND
NAME	souri Assocation of Nurse Anesthestists			_	
7001100	11 Swingley Ridge Rd	10/	14/2004	\$	200 00
	sterfield MO 63107	***	******		MOLICYATIV
Z COMMITTEE		\$	200	#4	MONETARY
				느느	IN-KIND
TOTAL ITEMIZED CON	TRIBUTIONS				
(CARRY TO ITE	(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)				





NAME OF COMMITT	EE	DATE		PE	and the state of t
ZWEIPEL FOR STA	ATE REPRESENTATIVE		/25/2004		
INSTRUCTIONS					·
PURPOSE The	ourpose of the Contributions Received supplement is to provide a printed	outline for	attaching addition	onal pag	es to Form CD1
(Contributions Re	scelved). This form should be used as additional space for reporting perso	ons contri	buting more than	\$100 an	d for
committee contri	butlons. This form may be reproduced as needed				
Total all itemized	contributions at the bottom of the page and carry to item 7 (Subtotal Item	nized Con	tributions From A	any Atter	hed Pages) on
Form CD 1	• • • • • • • • • • • • • • • • • • • •			,	
If further informs	tion is needed concerning reporting itemized expenditures. see Form CD-1	instructe	ons		
	RIBUTIONS RECEIVED	4 DATE	RECEIVED	5 AMO	UNT RECEIVED
	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING			ICHE	CK IF MONETARY
	O TO A COMMITTEE	AGG	REGATE TO		OR IN-KIND)
NAME	AND OCCUPATION (LIST COMMITTEES FIRST)	╁┈┈	DATE	├	
ADDRESS	52nd District Democratic Legislative District Committee	1		<b>S</b>	1 500 00
CITY / STATE	PO Box 3314 Inde; endence MO 64055	10.	/14/2004	۱ ۳	
EMPLOYER	and the second	١.	H.,	15-	MONETARY
(Z) COMMITTEE		\$	3000	🏲	IN KIND
NAME		<del>                                     </del>		<del>                                     </del>	
ADDRESS	8d Sandt	l		<b>S</b>	25 00
CITY / STATE	620 Coachhouse Haze wood MO 63042	טב [	/14/2005	] `	
EMPLOYER	Tempters Local 688	_			MONETARY
COMMITTEE		\$	25		IN-KIND
NAME		T			
ADDRESS	American Century Services			\$	200 00
CITY / STATE	4500 Main St	10,	/17/2004		
EMPLOYER	Kansas City MO 64111	S	200		MONETARY
☐ COMMITTEE		Ψ	200		IN KIND
NAME		1		] _	
ADDRESS	Express Scripts	10.	/17/2004	\$	300 00
CITY / STATE	13900 Riverport Dr Maryland Heights MO 63043	**	1172004	۱ ــ	-
EMPLOYER	many residence in order	S	300	⊭_	MONETARY
NAME		<del>                                     </del>		┝╌	IN KIND
IADDRESS	SEIU Missouri State Council PAC	ļ .		\$	
CITY / STATE	2725 Clifton Ave	10	/17/2004	¥	300 00
EMPLOYER	Saint Louis MO 63139	1	***		MONETARY
COMMITTEE		\$	300	🏪	IN KIND
NAME		+		<del>                                     </del>	,
ADDRESS	H-PAC Missouri			S	300 00
CITY / STATE	2700 Sanders Rd	10,	/17/2004	*	
EMPLOYER	Prospect Heights MO 63139	•		Z	MONETARY
COMMITTEE		\$	300		IN-KIND
NAME					
ADDRESS	St Louis Labor Council AFL-CIO Project 2000		<b>(07 (000)</b>	\$	300 00
CITY / STATE	1401 Hampton Ave Saint Louis MO 63139	10.	/17/2004	l	_
EMPLOYER.	D41111C D5620 VVII)	\$	300	🛌	MONETARY
Z COMMITTEE		<u> </u>			IN KIND
NAME	Missouri Society of Anesthesiologists PAC	<b>\</b>		<b>\</b>	
ADDRESS	PO 1402	10	/17/2004	<b>\$</b>	300 00
CITY / STATE	Jefferson City MO 65102				
EMPLOYER	* · · · · · · · · · · · · · · · · · · ·	<b>S</b>	300	🕦	MONETARY
COMMITTEE					J IN-KIND
TOTAL ITEMIZE	D CONTRIBUTIONS				
/CADDY	TO STEM 7 "ELIGIOTA" - ITEMIZED CONTRIBUIZIONE EDOM ANY ATTACH	IED DACE	9 ON EODIA 65	 	
(CARRY	TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACH	127 アスけじ	S UN FURM CD	13	





TWETTEL BOD ST	ee Ate Representative	DATE				
		10/25/2004				
INSTRUCTIONS		l.				
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.						
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1						
	ition is needed concerning reporting itemized expenditures. see Form CD	1 Instructions				
	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED			
	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY			
	0 TO A COMMITTEE S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)			
NAME	PRIO OCCUPATION (EIST COMMITTEES FIRST)		<del></del>			
ADDRESS	Glaziers Local Union 513 Political Action Fund		\$ 150 00			
CITY / STATE	5916 Wilson Ave	10/17/2004	•			
EMPLOYER	Saint Louis MO 63110		MONETARY			
Z COMMITTEE		\$ 150	IN KIND			
NAME						
ADDRESS	Burns & McDonnell	44	\$ 100 00			
CITY / STATE	9400 Parkway	10/17/2004				
EMPLOYER	Kansas City MO 64114	· · · · · · · · · · · · · · · · · · ·	MONETARY			
COMMITTEE		\$ 100	in KIND			
NAME						
ADDRESS	Florissant Professional Firefighters	70/17/227	\$ 100 00			
CITY / STATE	16 Murfield Place	10/17/2004				
EMPLOYER	St Charles MO 63304	\$ 100	MONETARY			
COMMITTEE		Ψ 100	IN-KIND			
NAME						
ADDRESS	Missouri Physical Therapy Association 1330 YMCA Dr STE 1200	10/9/2004	\$ 125 00			
CITY / STATE	Festus MO 63028	20/ ) / 200 g				
EMPLOYER	140440 110 03000	\$ 125	MONETARY			
COMMITTEE			L IN-KIND			
NAME ADDRESS	Fred Weber Inc					
CITY / STATE	2320 Creve Coeur Mill Rd	10/19/2004	\$ 300.00			
EMPLOYER	Maryland MO 63043		MONETARY			
Z COMMITTEE		\$ 300	IN KIND			
NAME		<del></del>				
ADDRESS	Sally Simpson	İ	\$ 50.00			
CITY / STATE	Saint Louis MO 63147	10/20/2004				
EMPLOYER	Teamsters 698	C	MONETARY			
COMMITTEE_		\$ 50	IN-KIND			
NAME						
ADDRESS	First American Title of St Louis	20,000	\$ 300 00			
CITY / STATE	5700 Smetana Drive Suite 401 Minnetonka MN 55343	10/21/2004	<u> </u>			
EMPLOYER		\$ 300	MONETARY			
COMMITTEE			☐ IN KIND			
NAME	Old Republic Title Company of Saint Louis		<b>6</b> 222 4-			
ADDRESS	7730 Forsyth Suite 100	10/21/2004	\$ 300 00			
CITY / STATE	St Charles MO 63303	pase 644	T MANUTANA			
EMPLOYER  COMMITTEE		\$ 300	MONETARY			
		<u> </u>	IN-KIND			
TOTAL ITEMIZE	D CONTRIBUTIONS					
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NAME OF COMMITT		DATE			
	2WEIFEL FOR STATE REPRESENTATIVE 10/25/2004				
INSTRUCTIONS					
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.  Total all Itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on					
Form CD 1			any Attached Pages) on		
ir turuler intomia	tion is needed concerning reporting itemized expenditures see Form CD	1 instructions			
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	AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)		
NAME					
ADDRESS	Larry Sprinkle 1507 N 17th St	10 (22 /2004	\$ 200 00		
CITY / STATE	Quincy IL 62301	10/21/2004	1		
EMPLOYER.	Teamsters 600	\$ 200	MONETARY		
COMMITTEE		\$ 200	☐ IN KIND		
NAME					
ADDRESS	Jean Haase	10/21/2004	\$ 20.00		
CITY / STATE	2503 Soundview Ct Florissant MO 53031		<b>—</b>		
EMPLOYER	FIOLISEMIC NO 33031	\$ 20	MONETARY		
COMMITTEE NAME		<u> </u>	I IN KIND		
ADDRESS	Thomas Merritt		\$ 150 00		
CITY / STATE	2722 Deerfield Dr	10/6/2004	•		
EMPLOYER	Maxyvillc IL 62062 Team_ters		MONETARY		
COMMITTEE		\$ 150	IN KIND		
NAME		<del> </del>			
ADDRESS	Rockwood Labor Club	10/7/2004	\$ 300 00		
CITY / STATE	PO Box 31	10/7/2004	1		
EMPLOYER	Eureka MO 63025	\$ 300	MONETARY		
COMMITTEE		Ψ 300 ———————————————————————————————————	IN KIND		
NAME	IBEW Local Union 1439 PAC				
ADDRESS	2121 59th St	10/7/2004	\$ 200 00		
CITY / STATE	St Louis MO 63110	laur april to	[7] MONETARY		
EMPLOYER  COMMITTEE		\$ 200	MONETARY IN KIND		
NAME		<del></del>	114 1140		
ADDRESS	38th District Legislative Committee		\$ 3 000 00		
CITY / STATE	103 NE 67th St	10/7/2004			
EMPLOYER	Gladatone MO 64118	\$ 3000	MONETARY		
COMMITTEE		\$ 3000	IN KIND		
NAME	Oth Farthaugh Broker or Bernard Committee				
ADDRESS	8th Senetorial District Democratic Committee PO Box 3314	10/7/2004	\$ 1 500 00		
CITY / STATE	Independence MO 64055				
EMPLOYER	-	\$ 1500	MONETARY		
COMMITTEE			L JIN KIND		
NAME ADDRESS	52na District Legislative Democratic Committee		\$ 1 500 00		
CITY / STATE	PO Box 3314	10/7/2004	) W 1 300 00		
EMPLOYER	Indepence MO 64055		MONETARY		
COMMITTEE		\$ 1500	IN-KIND		
	D CONTRIBUTIONS	<del></del>			
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THE TEEL FINE STE	te representative	10/25/2004			
<u></u>	TIB MEPAPSENTATIVS	10/23/2004			
INSTRUCTIONS					
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.					
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1					
	tion is needed concerning reporting itemized expenditures, see Form CD				
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	TO A COMMITTEE  AND OCCUPATION(LIST COMMITTEES FIRST)	DATE	OR IN-KIND)		
NAME	The state of the s				
ADDRESS	Joseph Tiernan		\$ 300.00		
CITY / STATE	7 Sunnymead St Louis MO 63 24	10/7/2004	•		
EMPLOYER	sel/ mmployed		MONETARY		
COMMITTEE		\$ 300	IN KIND		
NAME					
ADDRESS	Villa for Representative	70/17/2004	\$ 200.00		
CITY / STATE	3647 Holly Hills	10/17/2004	1		
EMPLOYER	Saint Louis MO 63116	£ 200	MONETARY		
Z COMMITTEE		\$ 200	in KIND		
NAME					
ADDRESS	Nancy Grove 7 Sunnymead	10/7/2004	\$ 300 00		
CITY I STATE	Saint Louis MO 63124	10/7/2004	l		
EMPLOYER	attorney	\$ 300	MONETARY		
COMMITTEE			IN KIND		
NAME	Missouri Union of Law Enforcement				
ADDRESS	5976 Howdershell Rd	10/1/2004	\$ 100 00		
CITY / STATE	Su to 109 Hazelwood MO 63042	****** ***			
EMPLOYER	ubectwood in obes	\$ 200	MONETARY		
COMMITTEE			TY IN KIND		
NAME	Builders Assn PAC K C Chapter Assoc General		\$ 200.00		
ADDRESS CITY / STATE	Contractors of America 632 W 39th St	10/7/2004	\$ 200 00		
EMPLOYER	Kansa City MO 64111		7 MONETARY		
COMMITTEE		\$ 200	IN KIND		
NAME					
ADDRESS	Missouri AFL-CIO COPE		\$ 300 00		
CITY / STATE	227 Jefferson Street	10/7/2004	[		
EMPLOYER	Jeffeson City MO 65101	¢ 700	MONETARY		
<b>Z</b> COMMITTEE		\$ 300	IN-KIND		
NAME					
ADDRESS	Gallop Johnson & Neuman LLC	10/7/0004	\$ 300 00		
CITY / STATE	101 S Hanley St Louis MO 63105	10/7/2004	l		
EMPLOYER	St House MO 63103	\$ 300	MONETARY		
COMMITTEE			IN KIND		
NAME	Blue Cross Blue Shield of Missouri				
ADDRESS	PO Box 5035	10/7/2004	\$ 300 00		
CITY / STATE	Thousand Oaks CA 91359		[ ]		
EMPLOYER		\$ 300	MONETARY		
COMMITTEE			IN-KIND		
TOTAL ITEMIZE	D CONTRIBUTIONS				
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)					





NAME OF COMMITTEE DATE ZWEIFEL FOR STATE REPRESENTATIVE 10/25/2004 INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all demized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions A ITEMIZED CONTRIBUTIONS RECEIVED 4 DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING (CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN KINDS 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) DATE NAME Precision Printing & Packaging **ADDRESS** S 300 00 10/7/2004 801 Alfrea Thun Road CITY / STATE Clarksville TN 37040 EMPLOYER MONETARY 300 COMMITTEE IN KIND NAME ADDRESS Metal Container Corporation 300 00 10/7/2004 3636 & Geyer Rd CITY / STATE Saint Louis MO 63127 EMPLOYER MONETARY 300 ☐ COMMITTEE IN-KIND NAME Pfizer 150 00 **ADDRESS** 7300 W 110th Street 7th floor 10/7/2004 CITY / STATE Overland Park KS 66210 EMPLOYER MONETARY 150 COMMITTEE IN-KIND NAME **ADDRESS** Site Improvement Association PAC 100 00 10/7/2004 12131 Dorsett Rd CITY / STATE Maryland Heights MO 63043 EMPLOYER MONETARY 100 Z COMMITTEE IN-KIND NAME Teamsters Local Union No 41 PAF ADDRESS 300 00 4501 Emanuel Cleaver II Blvd 10/7/2004 CITY / STATE Kansas City MO 64130 EMPLOYER MONETARY \$ 300 Z COMMITTEE IN KIND NAME Teamsters Local 610 PAC ADDRESS \$ 300 00 10/7/2004 11472 Schenk Drive CITY / STATE Maryland Heights MO 63043 **EMPLOYER** MONETARY S 300 Z COMMITTEE IN KIND NAME Teamsters Local 682 PAC **ADDRESS** 300 DO 5730 Elizabeth Ave 10/7/2004 CITY / STATE Saint Louis, MO 63110 **EMPLOYER** MONETARY 300 Z COMMITTEE IN-KIND NAME Teamsters Local 600 Drive Fund ADDRESS 300 00 10/7/2004 9041 Riverview Drive CITY / STATE Saint Louis MO 63137 EMPLOYER MONETARY 300 Z COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS \_ \_ (CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)





NAME OF COMMITTEE	DATE	,			
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PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for etteching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.					
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal—Ite Form CD 1	emized Contributions From a	Any Attached Pages) on			
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NAME		<del> </del>			
ADDRESS Teamsters Local Union 688 Political Action Committee		\$ 300 00			
300 S Grand Blvd	10/7/2004	Ψ			
EMPLOYER	10. eer 17 50	MONETARY			
COMMITTEE	\$ 300	IN-KIND			
NAME	<del></del>	114-141140			
ADDRESS Jim Kabill		\$ 100 00			
4094 Highwayy UU CITY / STATE Miller MD 65707	10/7/2004	1 200 00			
EMPLOYER Teamsters Local 245		MONETARY			
COMMITTEE	\$ 100	IN KIND			
NAME					
ADDRESS	Ĭ	<b>}</b> \$			
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L COMMITTEE					
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# MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE

INSTRUCTIONS ON REVERSE SIDE 1 NAME OF COMMITTEE REPORT DATE ZWEIFEL FOR STATE REPRESENTATIVE 10/25/2004 **EXPENDITURES OF \$100 OR LESS BY CATEGORY** 4 AMOUNT PAID OR (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION 8 BELOW) INCURRED THIS PERIOD 3 CATEGORY OF EXPENDITURE View Supplemental Form(s) S \$ 5 SUBTOTAL NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4) 3 0 00 6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES + \$ 247 03 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6) 247 03 10 PURPOSE (IF **ITEMIZED EXPENDITURES ALL OVER \$100** PAYMENT WAS TO A 9 DATE AND ALL PAYMENTS TO CAMPAIGN WORKERS 11 AMOUNT THIS PERIOD CAMPAIGN WORKER, SHOW 8 NAME AND ADDRESS OF RECIPIENT AGGREGATE PAID) NAME ADDRESS PAID CITY / STATE \$ INCURRED NAME 4 ADDRESS View Supplemental Form(s) PAID CITY / STATE INCURRED NAME ADDRESS PAID CITY / STATE \$ INCURRED NAME \$ ADDRESS PAID CITY / STATE INCURRED NAME S **ADDRESS** PAID CITY / STATE INCURRED 12 SUBTOTAL THIS PAGE (SUM COLUMN 11) 0 00 13 SUBTOTAL ANY ATTACHED PAGES + \$ 36 314 46 14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12+13) S 36 314 46 Š 15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14) 36 561 49 16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD Š 36 561 49 17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD Š 18 IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD LIST AMOUNT Š 0 00 19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B) S 0 00 MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) 21 DATE 22 AMOUNT 20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE NAME ADDRESS View Supplemental Form(s) \$ CITY / STATE NAME ADDRESS \$ CITY / STATE NAME ADDRESS \$ CITY / STATE 23 SUBTOTAL THIS PAGE (SUM COLUMN 22) 0 00 24 SUBTOTAL ANY ATTACHED PAGES + \$ 3 900 00 25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24) \$ 3 900 00 26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT \$ 0 00 27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 . 26) \$ 3 900 00 28 IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT 0 00



### MISSOURI ETHICS COMMISSION EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM



NAME OF COMMITTEE	DATE	RAME (KATOLOGISA)	
ZWEIFEL FOR STATE REPRESENTATIVE	10/25/2	004	
EXPENDITURES OF \$100 OR LESS BY CATEGORY		AMOUNT PA	NO OR
(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUI	P B)	INCURRED THE	
CATEGORY OF EXPENDITURE		+	
postage		\$	13 50
food for volunteers		\$	202 47
office supplies		\$	21 11
internet banking maintance fee		\$	9 95
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TOTAL ITEMIZED EXPENDITURES THIS PAGE		<u> </u>	
(CARRY TO ITEM 13 "SUBTOTAL ANY ATTACHED PAGES" ON FORM CD 3)		\$	



### MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

NAME OF COM	OUTTEE			Constitution of the
1	STATE REPRESENTATIVE		REPORT DATE	
	ED EXPENDITURES ALL OVER \$100	<del></del>	10/25/2004 PURPOSE (IF PAYMENT	γ
•	PAYMENTS TO CAMPAIGN WORKERS	DATE	WAS TO A CAMPAIGN	11401 NIT Tour DEPLOY
	DRESS OF RECIPIENT	PAIE	WORKER SHOW	AMOUNT THIS PERIOD
NAME		<del></del>	AGGREGATE PAID)	f <del>a</del>
ADDRESS	Bates Neimand 1025 Volmont Ave		mail consulting	PAID 19 940 91
CITY / STATE	Washington DC 20005	10/1/2004	33 501 45	
NAME			\$ 33 581 45	INCURRED
1	SBC PO Box 930170	10/10/1001	phones	155 27
ADDRESS	Dallas TX	10/11/2004		PAID
CITY / STATE			\$ 310 53	INCURRED
NAME	Effingers		printing costs	\$
ADDRESS	12703 Pennridge Drive Bridgeton MO	10/11/2004		PAID 212 08
CITY / STATE	Bildgeton av		\$212 08	INCURRED
NAME	US Postal Service		postage	\$
ADDRESS	1650 Shackleford Rd	10/12/2004	poe lago	PAID 1 229 65
CITY / STATE	Florisaant MO 63031		\$ 1 229 65	INCURRED
NAME	Bates Neimand	<u> </u>	mail consulting	\$
ADDRESS	1025 Vermont Ave	10/12/2004	mail consulting	PAID 10 430 00
CITY / STATE	Washington DC 2005	1	\$ 44 011 45	
NAME	V-1	<del> </del>	<del> </del>	& INCORNED
ADDRESS	Melissa Threadgill 3330 Cherry Valley Rd	10/15/2004	campaign consul	PAID 1 100 00
CITY / STATE	Allegany NY 14706	10/13/2004	\$ 4 400 00	. <del></del>
NAME			9 4 400 00	A INCURRED
ADDRESS	Cingular Wireless Post Office Box 650553		phones	250 00
CITY / STATE	Dallas TX	10/19/2004	450.00	I AID
	<del></del>		\$ 450 00	INCURRED
INAME	St Louis Labor Tribune		newspaper ad	\$
ADDRESS	505 S Ewing Ave Saint Louis MO 63031	10/15/2004		PAID 214 00
CITY / STATE			\$ 214 00	INCURRED
NAME	Corey Schaaf		mail design	\$
ADDRESS	149 F Cumberland Park Ballwin MO	10/15/2004		PAID 276 00
CITY / STATE	patratu Mo	<u> </u>	\$ 276 00	INCURRED
NAME	LSG Strategies		GOTV phoning	\$
ADDRESS	2120 L Street Washington DC 20037	10/19/2004		PAID 2 310 00
CITY / STATE			\$ 2 310 00	INCURRED
NAME	US Postal Service	l	postage	\$
ADDRESS	1650 Shackleford Rd	10/20/2004	postage	PAID 196 55
CITY / STATE	Florissant, MO 63031	10,20,2004	\$ 1 426 20	INCURRED
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NAME				<b> \$</b>
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### MISSOURI ETHICS COMMISSION CONTRIBUTIONS MADE SUPPLEMENTAL FORM

NAME OF COMMITTEE	DATE	
ZWEIFEL FOR STATE RYPRESENTATIVE	10/25/	2004
MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)	DATE	ANGUNT
NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME Committee to Elect Boyce A Whooley		
ADDRESS 714 N TWO MILE RD		1
CITY/STATE DEXTER MO 63841	10/12/2004	300.00
OHITTORIE DEATER MO 63841		\$ 300 00
NAME Citizens to Elect Terry Witte		
ADDRESS 100 S MAIN	10/20/2004	
CITY/STATE VANDALIA MO 63382	10/20/2004	300 00
71110110111 110 V3301		\$ 300 00
NAME Committee to Elect Jason Grill		
ADDRESS 5555 NW BARRY ROAD, SUITE A	10/12/2004	Ţ
CITY/STATE KANSAS CITY MO 64154		00 00د ي
		\$ 300 00
NAME Missouri Democratic Party		
ADDRESS P O Box 719 208 Madison Street	10/20/2004	
CITY/STATE Jefferson City MO 65102		\$ 3 000 00
NAME ADDRESS		
CITY / STATE		
DIT 73 IKIE		\$
NAME		
ADDRESS		
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NAME		
ADDRESS		1
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NAME ADDRESS		
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TOTAL ITEMIZED MONETARY CONTRIBUTIONS MADE THIS PAGE		
(CARRY TO ITEM 25 "SUBTOTAL ANY ATTACHED PAGES ON FORM CD-3)		
		CODM CD 3 SHD (



# MISSOURI ETHICS COMMISSION INDEPENDENT CONTRACTOR EXPENDITURE

**INSTRUCTIONS ON REVERSE SIDE** 

NAME OF COMMITTEE DATE ZWEIFEL FOR STATE REPRESENTATIVE 10/25/2004 ITEMIZED EXPENDITURES ON PRO-RATED **PAYMENT TO INDEPENDENT DESCRIPTION OF SERVICES** TOTAL COST FOR DATE CONTRACTOR RENDERED AMOUNT PAID SERVICE (NAME AND ADDRESS OF RECIPIENT) Melissa Threadgill campaign consulting 3330 Cherry Valley Rd 10/1/2004 Allegany NY 14706 1 100 00 5 1 100 00 mail consulting & Bates Neimand production 1025 Vermont Ave 10/1/2004 Washington, DC 20005 0 00 |5 30,370 91 Corey Schaaf literature design 149 F Cumberland Park 10/20/2004 Ballwin MO 276 00 3 276 00 S S \$ \$ SUBTOTAL THIS PAGE 31 746 91

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# Missouri Ethics Commission

1 DATE OF REPORT OFFICE USE ONLY

COMMITTEE DISCLOSURE	REPORT CO	OVER PAGE	10/15/2004	
MEC 10 NO				
INSTRUCTIONS ON REVERSE SIDE				
2 FULL NAME OF COMMITTEE				
ZWEIFEL POR STATE RFPRESENTATIVE				
3 COMMITTEE MAILING ADDRESS		4 COMMITTEE TELEPHO	NE NUMBER	
1960 ACORN TRAIL DRIVE				
CITY / STATE / ZIP			(314) 972 1990	
FLORISSANT MO 63031				
5 TREASURERS NAME				
JANICE SMITH			_	
6 TREASURER'S MAILING ADDRESS			7 TREASURER'S TELEPH	ONE NUMBER
1960 ACORN TRAIL DRIVE	<u>.</u>		HOME (314) 972-1990	
CITY / STATE / ZIP			WORK (314) 731-3959	
FLORISSANT VO 63031		·		
8 DEPUTY TREASURERS NAME CHECK IF NO	DEPUTY TREA	ASURER		
9 DEPUTY TREASURER'S MAILING ADDRESS			10 DEPUTY TREASURER	S TELEPHONE NUMBER
			HOME	i
			WORK	
11 DATE OF ELECTION	12 TYPE OF E	LECTION (CHECK	ONE )	
11/2/2004		O PRIMARY	O GENERAL	O SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT				
FROM 8/29/2004		THROUGH 9/30/2	004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATES		15 TYPE OF REPO	श	
ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIN POLITICAL PARTY	ASION AND	15 DAYS AFT	ER CAUCUS NOMINATION	
CLINT ZWEIFEL		COMMITTEE (	QUARTERLY REPORT	
1960 ACORN TRAIL FLORISSANT MO 63031		Ja DAYS BEFO	~ ~ <u>~</u>	Jul 15 💟 Oct 15
		1 =		
(314) 972-1990		30 DAYS AFT		
STATE REPRESENTATIVE DISTRICT 78		TERMINATION	N (ATTACH FORM CO-3)	
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		I =	DEVIAUS DEPART DATER	
REPUBLICAN DEMOCRAT AMENDING PREVIOUS REPORT DATED				20
16 COMMITTEE TREASURER'S SIGNATURE		17 CANDIGATE P.P.	IGNATURE ( CANDIDATE	
<u></u>			·	·
I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE  I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE				
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TREASURER'S SIGNATURE		CANDIDAT	E S SIGNATURE	

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CD Cover Page

AD Pages



# Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

ZWEIFEL FOR STATE
REPRESENTATIVE

DATE OF REPORT

10/15/20



				<u> </u>				7.14 CO.	
RECEIPTS	A. THIS PERIOD	ВТНІ	S ELECTION	BEGINNING AND ENDING					
1 TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		s	0 00						
2 ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 24 075 00				MONEY ON HAND				
ALL LOANS RECEIVED THIS PERIOD	+\$ 000								
4 MISCELLANEOUS RECEIPTS THIS PER	+ \$ 0 00			25	MONEY ON HAND AT THE BEGINNING THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVIN	3	47.	331	61
SUBTOTAL MONETARY RECEIPTS THE PERIOD (SUM 2A + 3A + 4A)	\$ 24 075 00			L	ACCOUNTS AND ALL OTHER INVESTMENTS)				
6 IN-KIND CONTRIBUTIONS RECEIVED T PERIOD	HIS + \$ 100 00			26	MONETARY RECEIPTS THIS PERIOD		. D /	075	O O
7 TOTAL ALL RECEIPTS THIS PERIOD (S 5A + 6A)	UM \$ 24 175 DO				(FROM ITEM 5)	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			00
FUNDS USED FOR REPAYING LOANS PERIOD	- \$ 0 00			27	MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24 )		21	685	<b>C</b> 1
9 TOTAL ALL RECEIPTS THIS ELECTION (SUM 16 + 7A 8A)		s	24 175 00	L	a) Disbursements By Chack \$	61			01
EXPENDITURES	A THIS PERIOD	B THIS	S ELECTION	28	MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD	\$	19	721	ΩΩ
10 TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		<b>S</b>	0 00		(SUM 25 26 27)		, ريــــــــــــــــــــــــــــــــــــ	,21	
11 EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 20 485 61			INDEBTEDNESS					
12 IN-KIND EXPENDITURES MADE THIS PERIOD	+\$ 0 00						i		
13 DESTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$ 0.00			29	OUTSTANDING INDEBTEDNESS AT TI	E S		0	00
14 TOTAL ALL EXPENDITURES MADE THI PERIOD (SUM 11A + 12A + 13A)	\$ 20 485 61				BEGINNING OF THIS PERIOD		_		
15 TOTAL EXPENDITURES THIS ELECTION (SUM 108 + 14A)		*1	20 485 61	30	LOANS RECEIVED THIS PERIOD	+ 9	\$	n	00
CONTRIBUTIONS MADE	A THIS PERIOD	B THIS	S ELECTION	L				· ·	00
16 TOYAL CONTRIBUTIONS MADE FOR T ELECTION PREVIOUSLY REPORTED		) \$   \$	D 00	31	NEW DEBTS INCURRED THIS PERIOD	+ 8	5	n	00
17 ALL MONETARY CONTRIBUTIONS MAD THIS PERIOD	\$ 1 200 00								
18 ALL IN-KIND CONTRIBUTIONS MADE T PERIOD	+\$ 0.00			32	PAYMENTS MADE ON LOANS THIS	s	į	0	00
19 TOTAL ALL CONTRIBUTIONS MADE THE PERIOD (SUM 17A + 18A)	\$ 1300 00	3-45-10-10-C			PERIOD			<u> </u>	
20 TOTAL ALL CONTRIBUTIONS MADE T ELECTION (SUM 188 + 184)			1 200 00	33	CREDITS RECEIVED ON LOANS THIS	_     s		0	00
OTHER DISBURSEMENTS	A. THIS PERIOD	В ТНІ	S ELECTION		PERIOD				
21 FUNDS USED FOR REPAYING LOANS PERIOD	+\$ 0 00			34	PAYMENTS MADE THIS PERIOD ON	S \$	- <del></del>	0	00
PAYMENTS THIS PERIOD ON PREVIOUS REPORTED DEBTS INCURRED	+ \$ 0 00		E Asset	DEBTS INCURRED IN PREVIOUS PI		OD			
23 ANY MISCELLANEOUS DISBURSEMEN NOT REPORTED ELSEWHERE	+ \$ 0 00		7(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	35	TOTAL INDEBTEDNESS AT THE CLOS OF THIS REPORTING PERIOD	\$		0	00
TOTAL OTHER DISBURBEMENTS THIS PERIOD (SUM Z1A + 22A + 23A)	\$ 0.00				(SUM 29 30 31 32 33 34)		_		
									IMMARY



## **MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED**

INSTRUCTIONS ON REVERSE SIDE 1 NAME OF COMMITTEE TO DEPORT DATE

1 NAME OF COMMITTEE	F COMMITTEE Z REPORT DATE	
ZWEIFEL FOR STATE REPRESENTATIVE	10/15/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF
MORE THAN \$100 TO A COMMITTEE	DATE	MONETARY OR IN-KIND)
3. NAME. ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME	Brite	51(11(11))
ADDRESS		l s
CITY/STATE View Supplemental Form(s)		•
IEMPLOYER		MONETARY
COMMITTEE	\$	I IN-KIND
NAME		
ADDRESS		<b>  \$</b>
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6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)	<u> </u>	\$ 0.00
		\$ 0 00 +\$ 24 175 00
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zweifel for state representative 10/15/2004					
INSTRUCTION	IS				
(Contributions	ne purpose of the Contributions Received supplement is to provide a printe (Received) This form should be used as additional space for reporting per itributions. This form may be reproduced as needed.	_	, —		
Total all itemiz Form CD 1	ed contributions at the bottom of the page and carry to Item 7 (Subtotal It	emized Contributions From a	Any Attached Pages) on		
If further infor	mation is needed concerning reporting itemized expenditures. see Form CI	1 Instructions			
A ITEMIZED CO	NTRIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED		
MORE THAN \$	TTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING 100 TO A COMMITTEE ESS AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)		
NAME ADDRESS CITY / STATE	MATA PAC- Eastern Missouri PO Box 1792	9/11/2004	\$ 300 00		
EMPLOYER	Jefferson City MO 65102		MONETARY		

S 300 Z COMMITTEE IN KIND NAME Gary Robb 5550 Wald Parkway 300 00 ADDRESS 9/11/2004 CITY / STATE Kanses Lity MO 64113 \*\* \*\*\*\* attolnev MONETARY EMPLOYER 300 COMMITTEE ] IN-KIND NAME Laborers Union Local No 718 Voluntary Political Fund 300 00 \$ ADDRESS PO Box 132 9/25/2004 CITY / STATE De Soto MO 63020 **EMPLOYER** MONETARY 300 IN KIND Z COMMITTEE NAME **AMECPAC** ADDRESS 300 00 9/25/2004 2722 E McCarty CITY / STATE Jefferson City MO 65101 MONETARY **EMPLOYER** 300 IN-KIND Z COMMITTEE NAME Aerospace Lodge 837 IAMAW PAC ADDRESS 75 00 212 Utz Ln 9/25/2004 CITY / STATE Hazelwood MO 63042 EMPLOYER. MONETARY 75 Z COMMITTEE ] IN KIND NAME Missouri Corrections Officers Assoc 150 00 ADDRESS 9/25/2004 1103 R Southwest Blvd CITY / STATE Jefferson City MO 85109 EMPLOYER MONETARY 150 COMMITTEE ] IN KIND NAME Quarry Workers Local Union No 829 Voluntary Political ADDRESS 300 00 Fund 9/27/2004 CITY / STATE 380 Market Street Ste Genevieve MO MONETARY **EMPLOYER** \$ 300 IN KIND COMMITTEE NAME Sheer Metal Workers Local 36 Politics Education Account 300 00 **ADDRESS** 301 5 Swing Saint Louis MD 63103 9/27/2004 CITY / STATE MONETARY **EMPLOYER** \$ 300 IN KIND Z COMMITTEE --

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)





VAME OF COMMITTEE  ZWEIFEL FOR STATE REPRESENTATIVE  NSTRUCTIONS	DATE 10/15/2004	
NSTRUCTIONS	autico for ettachine addit	
	Louting for attaching additi	
PURPOSE The purpose of the Contributions Received supplement is to provide a printed (Contributions Received) This form should be used as additional space for reporting personmittee contributions. This form may be reproduced as needed.		
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Ite Form CD 1	emized Contributions From	Any Attached Pages) on
If further information is needed concerning reporting itemized expenditures. see Form CD	1 Instructions	
A ITEMIZED CONTRIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
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MORE THAN \$100 TO A COMMITTEE  NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
VAME		
ADDRESS MBA Ozark Region	D (20 (00 0	\$ 300 00
CHY/STATE 207 E Capitol Ave	9/29/2004	
EMPLOYER Jefferson City MO 65101	\$ 300	MONETARY
✓ COMMITTEE	<b>4</b> 300	IN-KIND
NAME		
ADDRESS DC Inc	9/29/2004	\$ 300 00
511 7 5 111 E	** ***	<b>50</b>
EMPLOYER Fenton MO 63026	\$ 300	MONETARY
NAME	<del></del>	L IN KIND
ADDRESS LPC Inc		\$ 300 00
CITY/STATE 350 North Valley Dell Dr	9/29/2004	Ι Ψ
MPLOYER Fenton MO 63026	····	[Z] MONETARY
☑ COMMITTEE	\$ 300	IN KIND
NAME		
ADDRESS Soparate Segregated Fund Carpenters Local Union No 61 625 W 39th Suite 100	0./20/2004	\$ 300 00
CITY / STATE Kansas City MO 64111	9/29/2004	
EMPLOYER CONTRACTOR OF THE PROPERTY OF THE PRO	\$ 300	MONETARY
Z COMMITTEE		in kind
NAME Annorse Machinist District #9 PAC		
17365 St Charles Book Bd	9/29/2004	\$ 100 00
EMPLOYER Bridgeton MO 63044		[7] MONETARY
COMMITTEE	\$ 100	MONETARY IN-KIND
VAME	<del>- </del>	III-KIND
ADDRESS Julia Lamborn 753 Lamplight Ln		\$ 50.00
CITY/STATE Hazelwood NO 63042	9/29/2004	*
EMPLOYER Missourians for Single Payer Heelthcare Reform	e	MONETARY
COMMITTEE	\$ 50	IN KIND
VAME Charles Vogel		_
ADDRESS 15 Mareclair Dr	0.000.0004	\$ 150 00
CITY/STATE Florissant MO 63031  ENGLOYED Perguson Optical	9/29/2004	
EMPLOTER -	\$ 150	MONETARY
COMMITTEE		L IN-KIND
NAME ADDRESS Teamsters Local Union No 541		\$ 300 00
CITY/STATE 4501 Van Brunt Blvd	9/29/2004	\$ 300.00
MPLOYER Kansas City MO 64130		MONETARY
☑ COMMITTEE	\$ 300	IN-KIND
TOTAL ITEMIZED CONTRIBUTIONS		

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)





NAME OF COMMITTEE  ZWEIFEL FOR STAIL REPRESENTATIVE  DATE  10/15/2004						
INSTRUCTIONS						
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.						
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1						
n jurther informa	If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions					
A. ITEMIZED CONT FROM COMMITT MORE THAN \$10 3 NAME, ADDRESS	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)					
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Missouri State Chiropractors Assoc 220 E Dunklin St Jefferson City MO 65101	9/29/2004  \$ 200	\$ 200 DD  MONETARY IN KIND			
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Missouri Union of Law Enforcement 5976 Howdershell Rd Suite 109 Hazelwood MO 63031	9/1/2004 \$ 100	\$ 100 00  MONETARY  IN-KIND			
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Health PAC PO Box 60 Jefferson City MO	8/30/2004 \$ 300	\$ 300 00  MONETARY IN KIND			
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Katherise Egan 926 Jefferson *107 Kaneas City MD 64105 Folly Theater	8/30/2004  \$ 75	\$ 75 00  MONETARY IN-KIND			
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Regina Robinson One University Blvd Saint Louis MO 63121 CURU Fellowship Program	8/30/2004 \$ 25	\$ 25 00  MONETARY IN KIND			
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Laura Cohen 4128 W Pino Slvd St Louis MO 63108 Trail Net	9/1/2004 \$ 100	\$ 100 00  MONETARY IN KIND			
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Missouri Gaming Company 777 NW Argosy Parkway Riverside MO 64150	9/1/2004 \$ 300	\$ 300 00  MONETARY  IN KIND			
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	North County Labor Legislative Club 7808 Winward Dr Saint Louis MO 63121	9/1/2004 \$ 300	\$ 300 00  MONETARY  IN KIND			
	TOTAL ITEMIZED CONTRIBUTIONS  (CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)					





NAME OF COMMITTEE DATE ZWEIFEL FOR STATE REPRESENTATIVE 10/15/2004 INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all Itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures see Form CD-1 instructions **ITEMIZED CONTRIBUTIONS RECEIVED** 4 DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING (CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN KIND) DATE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME Laborers International Union of North America AFL\_CIO 300 00 **ADDRESS** Local 53 9/5/2004 CITY / STATE 12891 Pumnridge Dr Saint Louis MD 63044 ÉMPLOYER MONETARY S 300 COMMITTEE IN KIND NAME ADDRESS Patricia & AJ Fontana 20 00 9/5/2004 640 Hazelvalley Dr CITY / STATE Hazelwood MO 63042 **EMPLOYER** MONETARY \$ 20 ☐ COMMITTEE IN KIND NAME Committee to Elect Vicki Walker 100 00 **ADDRESS** 9/5/2004 9826 James A Reed Rd CITY / STATE Kansas City MO 64134 MONETARY **EMPLOYER** \$ 100 Z COMMITTEE IN KIND NAME Charles Zweifel ADDRESS 300 00 1962 Croftdale Dr 9/5/2004 CITY / STATE Florissant MO 63031 Carpenter **EMPLOYER** MONETARY 300 ☐ COMMITTEE IN KIND NAME Brenda Zweifel **ADDRESS** \$ 300 00 1962 Croftdale Dr 9/5/2004 CITY I STATE Floriscent MO 63031 hair stylic **EMPLOYER** MONETARY \$ 300 IN KIND COMMITTEE NAME Larry Tinker **ADDRESS** S 50 00 4206 Dunn Rd 9/5/2004 Hazelwood MO 63042 CITY / STATE retired EMPLOYER MONETARY \$ 50 COMMITTEE IN KIND

CITY/STATE 6301 Rockhill Rd Ste 420
EMPLOYER Kansas fity MO 64131

COMMITTEE

-- IN KIND

\$

9/5/2004

9/5/2004

300

300

\$

\$

TOTAL ITEMIZED CONTRIBUTIONS

NAME

NAME

**ADDRESS** 

CITY / STATE

✓ COMMITTEE

**EMPLOYER** 

ADDRESS

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)

CWA District 6 Political Education Committee

United Un on at Roofers Waterproofers and Allied Workers

10820 Sunset Office Dr St 101

Political Education and Leg\_slative Fund

Saint Louis MO 63127

300 00

300 00

MONETARY

MONETARY

IN KIND





NAME OF COMMITT		DATE		
ZWEIFEL FOR ST.	ATE REPRESENTATIVE	10/15/2004		
INSTRUCTIONS	INSTRUCTIONS			
PURPOSE The (Contributions R committee contributions Total all Itemized Form CD 1	purpose of the Contributions Received supplement is to provide a printe aceived). This form should be used as additional space for reporting peributions. This form may be reproduced as needed. Contributions at the bottom of the page and carry to item 7 (Subtotal literal in the page and carry to	rsons contributing more than	n \$100 and for	
			<b>T</b>	
FROM COMMITT MORE THAN \$10 3 NAME, ADDRES:	RIBUTIONS RECEIVED EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING 0 TO A COMMITTEE S AND OCCUPATION(LIST COMMITTEES FIRST)	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)	
NAME	M			
ADDRESS CITY / STATE EMPLOYER COMMITTEE	Teamsters Local Union 618 300 S Grand Blvd Saint Louis MO 63108	9/5/2004 \$ 300	\$ 300 00  MONETARY IN KIND	
NAME				
ADDRESS CITY / STATE EMPLOYER Z COMMITTEE	Brewers and Maltsters Benevolent Association 3650 Wisconsin Ave Saint Louis MO 63118	9/5/2004 \$ 300	\$ 300 00	
NAME				
ADDRESS CITY / STATE EMPLOYER	Teamsters Union No 795 DRIVE PAC 4921 Cessna Witchita KS 67210	9/11/2004	\$ 300 00	
COMMITTEE		\$ 300	IN-KIND	
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	LOMBDA PAC PO Box 195 Sunrise Beach MO 65079	9/11/2004  \$ 300	\$ 300 00	
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	77th State Representative District Domocratic Committee 3427 St Mark St St Ann MO 63074	9/11/2004 \$ 500	\$ 500 00	
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Gas workers Local5-6 Voluntary Political Action Committee 7750 Olive Blvd Saint Louis MO 63130	9/11/2004 \$ 200	\$ 200 00  MONETARY IN KIND	
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	MATA PAC PO BOX 1792 Jefferson City, MO 65102	9/11/2004 \$ 300	\$ 300 00  MONETARY IN KIND	
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Southwestern Bel Missouri Employees Political Action Committée One Bell Center Saint Louis NO 63 01	9/11/2004 \$ 300	\$ 300 00  MONETARY IN KIND	
TOTAL ITEMIZE	ED CONTRIBUTIONS TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTAI	CHED PAGES ON FORM CO	21)	





NAME OF COMMIT	TEE	DATE	AND ASSESSMENT OF THE PROPERTY
ZWEIFEL FOR ST	ATE REPRESENTATIVE	10/15/2004	
INSTRUCTIONS			
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.			
Form CD 1	d contributions at the bottom of the page and carry to item 7 (Subtotal II) stion is needed concerning reporting itemized expenditures. see Form Ci		Any Attached Pages) on
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	ONIC RECEIVED	
MORE THAN \$10	DO TO A COMMITTEE	AGGREGATE TO	(CHECK IF MONETARY OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	J
NAME ADDRESS	MATA-PAC Western Missouri		\$ 300 00
CITY / STATE	PO Box 1792	9/11/2004	\$ 300 00
EMPLOYER	Jefferson City MO 65102	********* ****************************	ET HONETARY
COMMITTEE	•	\$ 300	MONETARY
NAME		<del> </del>	IN-KIND
ADDRESS	MATA-PAC Central Missouri	<b>!</b>	\$ 300.00
CITY / STATE	PO Box 1792	9/11/2004	300 00
EMPLOYER	Jefferson City MO 65102	***************************************	MONETARY
Z COMMITTEE	•	\$ 300	IN-KIND
NAME		*	1
ADDRESS	Jaclyn C.trowski 1907 Acorn Trail Dr		\$ 75 00
CITY / STATE	Florissant MO 63031	9/7/2004	
EMPLOYER	federal government		MONETARY
COMMITTEE		\$ 75	IN KIND
NAME			
ADDRESS	Carpenters District Council of Kansas City and Vicinity SSF Tolitical Fund	0.45.45004	\$ 300.00
CITY / STATE	625 W 39th St	9/8/2004	·
EMPLOYER	Kaneus Cicy MO 64111	\$ 300	MONETARY
√ COMMITTEE		300	IN KIND
NAME	UFCW Local No 88 Meat Cutters Union	_	
ADDRESS	300 S Grand Blvd	9/8/2004	\$ 300 00
CITY / STATE	Saint Louis, MO	9/8/2004	
EMPLOYER  COMMITTEE	,	\$ 300	MONETARY
NAME			IN KIND
ADDRESS	Edward Finkelstein		<b>C</b> 700 00
CITY / STATE	7600 Carswold Dr Saint Louis MO 63105	9/9/2004	\$ 100 00
EMPLOYER	St Louis Labor Tribune		MONETARY
COMMITTEE		\$ 100	IN KIND
NAME			
ADDRESS	Brown & Associates		\$ 300.00
CITY / STATE	232 N Kingshighway Blvd Ste 202	9/9/2004	
EMPLOYER.	Saint Louis MO	\$ 300	✓ MONETARY
COMMITTEE		300	IN KIND
NAME	St Louis Port Council Educational Political and		
ADDRESS	Informational Fund	9/9/2004	\$ 300 00
CITY / STATE	4581 Cravols Sairt Louis MD 63116	,, J, H, Q, T	
EMPLOYER	man 4 memora sua casta	\$ 300	MONETARY
₩ COMMITTEE			IN-KIND
TOTAL ITEMIZE	ED CONTRIBUTIONS		
(CARRY	TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTA	CHED PAGES ON FORM OF	
1 (			• • •





NAME OF COMMIT	<del></del>	DATE	
<u> </u>	TATE REPRESENTATIVE	10/15/2004	
INSTRUCTIONS			
(Contributions i committee cont	purpose of the Contributions Received supplement is to provide a printe Received) This form should be used as additional space for reporting peributions. This form may be reproduced as needed	ersons contributing more than	n \$100 and for
Form CD 1	d contributions at the bottom of the page and carry to item 7 (Subtotal III		Any Attached Pages) on
A ITEMIZED CON FROM COMMIT MORE THAN \$11 3. NAME, ADDRES	TRIBUTIONS RECEIVED TEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING TO TO A COMMITTEE S AND OCCUPATION (LIST COMMITTEES FIRST)	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Operating Engineers Local 148 MO PAC 148 Wilma Dr Saint Louis MO 62062	9/9/2004 \$ 300	\$ 300 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Laborers Local No 42 PAC 3710 Enright Ave Saint Louis MO 63108	9/9/2004  \$ 100	\$ 100 00
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Realtors Political Action Committee-Missouri PO Box 30635 Columbia MO 65205	9/17/2004 \$ 300	\$ 300 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Missouri Concrete Association Political Action Committee PO Bux 392 Jeffwrson City MO 65 02	9/20/2004 \$ 250	\$ 250 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Missouri Consumer Lenders PO Box 1072 Jefferson City MO 65102	9/20/2004 \$ 300	\$ 300 00  MONETARY IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	International Union of Operating Engineers Local 2 Voluntary Political Act on Fund 2929 S Jefforton Ave Saint Louis MO 63118	9/20/2004 - \$ 100	\$ 100 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	The Chartock Living Trust 532 Midvale Ave University City MO 63130	9/21/2004 \$ 200	\$ 200 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	William Karabas 2332 Lamadera Ploriesint MO 63031 police chief	9/21/2004  \$ 25	\$ 25 00  MONETARY IN KIND
	ED CONTRIBUTIONS  TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTAI	CHED PAGES? ON FORM CO	





NAME OF COMMITTEE	DATE
ZWEIFEL FOR STATE REPRESENTATIVE	10/15/2004
INSTRUCTIONS	
	to provide a printed outline for attaching additional pages to Form CD1
PURPOSE The purpose of the Contributions Received supplement is (Contributions Received) This form should be used as additional see	

committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on

If further informa	tion is needed concerning reporting itemized expenditures. see Form CD	1 Instructions	
A. MEMIZED CONTI	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
FROM COMMITTE	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING		(CHECK IF MONETARY
	TO A COMMITTEE	AGGREGATE TO	OR IN-KIND)
3 NAME, ADDRESS	AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
NAME	Missouri School Administrators PAC		
ADDRESS	398 Dix Rd Suite 201	9/21/2004	\$ 100 00
CITY / STATE	Jefferson City MO 65109	14 to	( <del></del>
EMPLOYER		\$ 100	MONETARY
COMMITTEE		<del>                                     </del>	IN-KIND
NAME	AT&1 FAC - Missouri/kansas		<b>6</b> 350.00
ADDRESS CITY / STATE	101 W McCarty Street	9/22/2004	\$ 250 00
1	Jefferson City MO 65101		
EMPLOYER	100 01 01 01 110 0 1 1 1 1 1 1 1 1 1 1	\$ 250	MONETARY
NAME			□ IN-KIND
ADDRESS	James Cooper		<b>s</b> 300 00
CITY / STATE	808 Bricken Place	9/22/2004	30000
EMPLOYER	Saint Louis MO 63122 Medical Director LHI	1400	[Z] MONEYARY
COMMITTEE		\$ 300	MONETARY
NAME			L_] IN KIND
ADDRESS	Howell Chiropractic Health Center PC		
CITY / STATE	490 Howdershell Rd	9/22/2004	\$ 200 00
EMPLOYER	Florissant MO 63031	thillashbaga gagaters	[7] MONETARY
COMMITTEE		\$ 200	MONETARY IN KIND
NAME			IN KIND
ADDRESS	Sprikler Fitters Polit cal Education and Legislative		\$ 300.00
CITY / STATE	Committee 1710 S Broadway	9/22/2004	\$ 300.00
EMPLOYER	Saint Louis MO 63104		[Z] MONETARY
Z COMMITTEE		\$ 300	MONETARY IN-KIND
NAME			L_J IN-KIND
ADDRESS	Heat & Frost Insulators & Asbestos Workers Local No 1		\$ 300 00
CITY / STATE	3325 Hollenberg Dr	9/22/2004	300 00
EMPLOYER	Bridgeton MO 63044		MONETARY
COMMITTEE		\$ 300	IN KIND
NAME	<del></del>	<del></del>	
ADDRESS	Blue Cross and Blue Sh_eld of Kansas City PAC for		\$ 200 00
CITY / STATE	Missouri One Porshing Square	9/22/2004	200 00
EMPLOYER	Kanaus City MO 64108		MONETARY
Z COMMITTEE		\$ 200	IN KIND
NAME			
ADDRESS	Mary Sievert	0 /00 /0 = 7.	\$ 30.00
CITY / STATE	6326 Alaska	9/22/2004	
EMPLOYER	Saint Louis MO 63111	·····	MONETARY
COMMITTEE		\$ 30	IN KIND
	D CONTRIBUTIONS		
TOTAL TILINELE PORTING TOTAL			
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)			





NAME OF COMMITT		DATE	
ZWEIFEL FOR STA	ate representative	10/15/2004	
INSTRUCTIONS			
PURPOSE The	ourpose of the Contributions Received supplement is to provide a printed	outline for ettachine a	Military space to Form CDI
(Contributions Re	scelved) This form should be used as additional space for reporting pers butions. This form may be reproduced as needed.	ons contributing more	than \$100 and for
i	•		
Total all itemized Form CD 1	contributions at the bottom of the page and carry to item 7 (Subtotal Ite	mized Contributions Fr	om Any Attached Pages) on
If further informs	tion is needed concerning reporting itemized expenditures. see Form CD	1 Instructions	
	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
	ES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	7.2222772	(CHECK IF MONETARY
	TO A COMMITTEE  AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO	OR IN-KIND)
NAME	AND OCCUPATION (LIST COMMITTEES PIRST)	- UATE	
ADDRESS	Missor: Potroleum Marketer, and Convenience Store Assn		\$ 300.00
CITY / STATE	PAC 205 F Capital Ave	9/23/2004	\$ 300 00
EMPLOYER	Jeffirsun City MO 65101		· D HOWETARY
(Z) COMMITTEE		\$ 300	MONETARY
NAME			IN-KIND
ADDRESS	Missouri Medical Political Action Committee	1	\$ 300 00
CITY / STATE	PO Box 1402	9/23/2004	300 00
EMPLOYER	Jefferson City MO 65101	<b>-</b>	MONETARY
Z COMMITTEE		\$ 300	IN-KIND
NAME			
ADDRESS	United Steel Workers of American Eastern Missouri Steel		\$ 300 00
CITY / STATE	Countel Fund 1362 Hollenberg Dr	9/27/2004	( +
EMPLOYER	Bridgoton MO 63044		✓ MONETARY
√ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓		\$ 300	IN KIND
NAME			
ADDRESS	Credit Union PAC		\$ 300.00
CITY / STATE	2055 Craigshire Dr	9/27/2004	300 00
EMPLOYER	Saint Louis MO 63146		Z MONETARY
COMMITTEE		\$ 300	IN KIND
NAME			
ADDRESS	AGC of St Louis PAC 6330 Knox Industrial		\$ 300.00
CITY / STATE	Saint Louis MO 63139	9/28/2004	
EMPLOYER	Saint bodis no 63139	\$ 300	MONETARY
Z COMMITTEE		<b>300</b>	IN-KIND
NAME	Wasings Plants and Cont. 3 C. A. Cont.		
ADDRESS	National Electrical Cont Assn Saint Louis 3425 Hampton Ave	9/29/2004	\$ 300.00
CITY / STATE	Saint Louis MO 63139	J/2J/2004	l
EMPLOYER		\$ 300	MONETARY
COMMITTEE			IN KIND
NAME	Missouri Drive Fund		
ADDRESS CITY / STATE	1850 E Division St	9/29/2004	\$ 300 00
EMPLOYER	Springfield MO 65803	3/25/2004	
COMMITTEE	•	\$ 300	MONETARY
NAME	· · · · · · · · · · · · · · · · · · ·	<del> </del>	IN KIND
ADDRESS	Missouri Corrections Officers Assoc		8 300 00
CITY / STATE	1103 R Southwest Blvd	9/29/2004	\$ 300 00
EMPLOYER	Jefferson City MO 65109		MONETARY
Z COMMITTEE		\$ 300	IN KIND
	2 CONTOIN TOOMS		I La III NIND
TOTAL ITEMIZED CONTRIBUTIONS			
(CARRY	TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY AYTAC	HED PAGES ON FORM	(CD 1)





NAME OF COMMITT	EE	DATE	the section of the se
ZWEIFEL FOR ST	ATE REPRESENTATIVE	10/15/2004	
INSTRUCTIONS			
(Contributions R committee contri	purpose of the Contributions Received supplement is to provide a print scelved). This form should be used as additional space for reporting pributions. This form may be reproduced as needed.	ersons contributing more than	n \$100 and for
Form CD 1	contributions at the bottom of the page and carry to Item 7 (Subtotal		Any Attached Pages) on
if further informa	tion is needed concerning reporting itemized expenditures. see Form C	D 1 Instructions	
A ITEMIZED CONT	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING		(CHECK IF MONETARY
	O TO A COMMITTEE	AGGREGATE TO	OR IN-KIND)
NAME ADDRESS	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<del>                                     </del>
ADDRESS	MBA Gateway Region PAC		\$ 300 00
CITY / STATE	207 E Capitol Ave	9/29/2004	
EMPLOYER	Jefrerson City MO 65101		MONETARY
Z COMMITTEE		\$ 300	IN KIND
NAME			
ADDRESS	MBA Captiol Region PAC	9/29/2004	\$ 300 00
CITY / STATE	207 E Capitol Ave Jefferson City MO 65101	*** **** ****	
EMPLOYER	defleraon city mo 65101	\$ 300	MONETARY
NAME			IN-KIND
ADDRESS	Anita Robb		\$ 300 00
CITY / STATE	5550 Ward Parkway Kanses City MO 64113	9/11/2004	🐧
EMPLOYER	attorney		Z MONETARY
COMMITTEE		\$ 300	IN KIND
NAME			
ADDRESS	Robit Emison 307 w 34th St	9/11/2004	\$ 300 00
CITY / STATE	Higginsville MO 64037	7/11/2004	
EMPLOYER	attorney	\$ 300	MONETARY
COMMITTEE			IN KIND
NAME ADDRESS	Langdon & Emison		•
CITY / STATE	911 Main Street	9/11/2004	\$ 300 00
EMPLOYER	Lexington MO 64067		MONETARY
COMMITTEE		\$ 300	IN KIND
NAME			
ADDRESS	Robert Falmer 205 Fark Central E Ste 511	D /11 /2004	\$ 300 00
CITY I STATE	Springfield MO 65906 attornsy	9/11/2004	\ 
EMPLOYER	decorney	\$ 300	MONETARY
COMMITTEE NAME			LIN KIND
ADDRESS	The Law Offices of Robert Palmer		\$ 300.00
CITY / STATE	205 Park Central E Ste 511	9/11/2004	\$ 300 00
EMPLOYER	Springfiela MO 65806		MONETARY
COMMITTEE		\$ 300	IN KIND
NAME			
ADDRESS	Hershewe Law Firm PC	0/11/2004	\$ 300 00
CITY / STATE	431 Virginia Joplin MO 64801	9/11/2004	
EMPLOYER	Pob##** 110 04001	\$ 300	MONETARY
COMMITTEE	——————————————————————————————————————		IN KIND
TOTAL ITEMIZED CONTRIBUTIONS			
(CARRY	TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTA	CHED PAGES ON FORM CD	1)





NAME OF COMMIT	TÉE TOTAL TO	DATE	
ZWEIFEL FOR ST	ATE REPRESENTATIVE	10/15/2004	
INSTRUCTIONS			
(Contributions R	purpose of the Contributions Received supplement is to provide a print sectived) This form should be used as additional space for reporting pa foutions. This form may be reproduced as needed.	ed outline for attaching additions one contributing more than	onal pages to Form CD1 1 \$100 and for
Total all itemized Form CD 1	contributions at the bottom of the page and carry to item 7 (Subtotal	temized Contributions From A	Any Attached Pages) on
If further informs	ation is needed concerning reporting itemized expenditures: see Form C	D 1 Instructions	
A ITEMIZED CONT	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	**********	(CHECK IF MONETARY
	0 TO A COMMITTEE	AGGREGATE TO	OR IN KIND)
3. NAME, AUDRES. NAME	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
ADDRESS	ELECT Political Fund UFCW	}	\$ 300 00
CITY / STATE	300 Weidman Rd	9/11/2004	
EMPLOYER	Ballwin MO 63011	£ 300	MONETARY
COMMITTEE		\$ 300	IN-KIND
NAME			
ADDRESS	Missouri NEA-PAC	9/11/2004	\$ 300 00
CITY / STATE	1810 East Elm St Jefferson City MO 65101		
EMPLOYER  COMMITTEE	Serierson City No 03101	\$ 300	MONETARY
NAME			LIN KIND
ADDRESS	Local 124 Voluntary Political Fund		\$ 300 00
CITY / STATE	301 E 103rd Terrace	9/15/2004	} •
EMPLOYER	Kansas City MO 64114	¢	MONETARY
Z COMMITTEE		\$ 300	IN-KIND
NAME	_		
ADDRESS	Boilermakers Local 27 Voluntary Fund	9/15/2004	\$ 300.00
CITY / STATE	1547 S Broadway Saint Louis MO 63104	771372004	
EMPLOYER	Saint Board No 02104	\$ 300	MONETARY
COMMITTEE NAME			IN-KIND
ADDRESS	QuikTrip Corporation		\$ 300.00
CITY / STATE	4705 S 129th E Ave	9/15/2004	300 00
EMPLOYER	Tulsa OK 74134		IZI MONETARY
COMMITTEE		\$ 300	IN KIND
NAME			
ADDRESS	MO Cable PAC 4700 Little Blue Parkway	9/15/2004	\$ 300 00
CITY / STATE	Independence MO 64057	J/1J/2004	
EMPLOYER		\$ 300	MONETARY
V COMMITTEE			IN KIND
NAME ADDRESS	House Capital Demos Inner Circle		\$ 300 00
CITY / STATE	PO Box 832	9/15/2004	\$ 300 00
EMPLOYER	Jefferson City MO 65102	-	MONETARY
COMMITTEE		\$ 300	IN KIND
NAME			
ADDRESS	Aventis Pharmaceuticals Inc	9/15/2004	\$ 300 00
CITY / STATE	PO Sox 6944 Bridgewater NJ 88071	J/1J/6004	
EMPLOYER		\$ 300	MONETARY
COMMITTEE			IN-KINO
TOTAL ITEMIZE	ED CONTRIBUTIONS		
(CARRY	TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTA	CHED PAGES" ON FORM CO	1)
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MANUE OF CONNIN		DATE	
	ATE REPRESENTATIVE	10/15/2004	
INSTRUCTIONS			,
(Contributions R committee contributions R Con	purpose of the Contributions Received supplement is to provide a printed eccived). This form should be used as additional space for reporting persibutions. This form may be reproduced as needed is contributions at the bottom of the page and carry to item 7 (Subtotal items and the bottom of the page and carry to item 7 (Subtotal items and the bottom of the page and carry to item 7 (Subtotal items are see Form CD).	sons contributing more ther imized Contributions From A	s \$100 and for
FROM COMMITT MORE THAN \$10 3. NAME, ADDRESS	RIBUTIONS RECEIVED EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING TO A COMMITTEE AND OCCUPATION (LIST COMMITTEES FIRST)	4 DATE RECEIVED  AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
NAME ADDRESS CITY / STATE EMPLOYER	Missouri Assocation of Municipal Utilities 2407 W Ash Columbia MO 65203	9/15/2004  \$ 100	\$ 100 00
COMMITTEE			L IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Harrah s Operating Company Inc 1023 Cherry Rd Memphis TN 38117	9/15/2004 \$ 300	\$ 300 00
NAME ADDRESS CITY / STATE EMPLOYER  COMMITTEE	Laborer, International Union of North America (Laborers Local 110) 11000 Lin Valle Rd Saint Louis MD 63123	9/15/2004 \$ 300	\$ 300 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Josan Stephan 1404 Drayton Ave Saint Louis Mo 63119 Chapel/Administrator	9/16/2004 \$ 150	\$ 150 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	St Louis Carpenters Credit Union 1401 Ave Rm 152 Saint Louis MO 63139	9/16/2004 \$ 300	\$ 300 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER  COMMITTEE	Missouri State UAW PAC 721 Dunn Rd Hazelwood MD 63042	9/16/2004 \$ 300	\$ 300 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER  Z COMMITTEE	Teamsters Joint Council 13 DRIVE Political Fund 9041 Riverview Dr Saint Louis MO 63137	9/16/2004 \$ 300	\$ 300 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER  CITY COMMITTEE	Missouri State Council Fire Fighters PAC 6320 Manchester Ave Kansas City MO 64133	9/16/2004 \$ 200	\$ 200 DD  MONETARY IN AIND
TOTAL ITEMIZE	D CONTRIBUTIONS		
	TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTAC	HED PAGES" ON FORM CO	11)





NAME OF COMMITT		DATE	
ZWEIFEL FOR STATE REPRESENTATIVE 10/15/2004			
INSTRUCTIONS			
PURPOSE The	purpose of the Contributions Received supplement is to provide a printe	d outline for attaching additi	onal pages to Form CD1
(Contributions Ri	scalved). This form should be used as additional space for reporting pe	rsons contributing more than	\$100 and for
committee contri	butions. This form may be reproduced as needed.	•	
Total all (temized	contributions at the bottom of the page and carry to item 7 (Subtotal lit	emized Contributions From A	Any Attached Pages) on
Form CD 1			
If further informa	tion is needed concerning reporting Itemized expenditures. see Form Cl	1 Instructions	
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MORE THAN \$10	TO A COMMITTEE	AGGREGATE TO	OR (N KIND)
NAME ADDRESS	AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
ADDRESS	Bent-Wood Incorporated		\$ 300 00
CITY / STATE	1501 Charbonier Rd	9/23/2004	J 300 00
EMPLOYER	Florissant MO 63031		MONETARY
COMMITTEE		\$ 300	IN-KIND
NAME		<del></del>	1000
ADDRESS	PAN-M Political Action For Nurses in Missouri		\$ 100 00
CITY / STATE	PO Box 105228	9/25/2004	•
EMPLOYER	Jefterson City MO 65110	ф	MONETARY
Z COMMITTEE		\$ 100	IN KIND
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#### MISSOURI ETHICS COMMISSION **EXPENDITURES AND CONTRIBUTIONS MADE** INSTRUCTIONS ON REVERSE SIDE

INSTRUCTIONS OF REVERSE SIDE			1987年 1987年
1 NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE		2 REPORT DATE	
L manufacture and the second s	<del> </del>	10/15/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY	OM		4 AMOUNT PAID OR
(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BEL	.OW}		INCURRED THIS PERIOD
3 CATEGORY OF EXPENDITURE			
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5 SUBTOTAL NON-ITEMIZED EXPENDITURES THIS PAGE (SUM CO	LUMN 4)		\$ 0.00
6 SUBTOTAL NON-ITEMIZED EXPENDITURES ANY ATTACHED PAG	ES		+\$ 188 45
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 188 45
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AND ALL PAYMENTS TO CAMPAIGN WORKERS	9 DATE	PAYMENT WAS TO A CAMPAIGN WORKER SHOW	11 AMOUNT THIS PERIOD
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12 SUBTOTAL THIS PAGE (SUM COLUMN 11)			\$ 0.00
			+\$ 20 297 16
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)			\$ 20 297 16
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 20 485 61
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 20 485 61
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$
18 IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD	LIST AMOUNT		\$ 0.00
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FOI	RM CD1B)		\$ 0.00
C MONETARY CONTRIBUTIONS MADE (REGARDLES	S OF AMOUNT)		
	•	21 DATE	22 AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME Friends of Claire McCaskill			:
ADDRESS PO Box 6671		9/10/2004	1 200 00
OH 173TATE			\$ 1 200 00
NAME			
ADDRESS			s
CITY / STATE		<del></del>	<del>  •                                     </del>
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23 SUBTOTAL THIS PAGE (SUM COLUMN 22)			\$ 1 200 00
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)  24 SUBTOTAL ANY ATTACHED PAGES		<del></del>	
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		4 <u>. · · · · · · · · · · · · · · · · · · ·</u>	
			† <del></del>
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT		<del></del>	
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			
ZB IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONSTHIS PERIOD LIST AMOUNT			\$ 0 00



#### MISSOURI ETHICS COMMISSION EXPENDITURES OF \$100 OR LESS BY CATEGORY SUPPLEMENTAL FORM



NAME OF COMMITTEE DATE	
	/15/2004
EXPENDITURES OF \$100 OR LESS BY CATEGORY	AMOUNT DAID OD
(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)	AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE	
Program Book Ad	\$ 75 00
Computer Software	\$ 49 95
Misc (Volunteer Food Office Supplies)	\$ 50 00
Postage	\$ 13 50
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(CARRY TO ITEM 13 "SUBTOTAL ANY ATTACHED PAGES" ON FORM CD-3)	s



#### MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

NAME OF COM	MITTEE	·	REPORT DATE	In the second se
ZWEIFEL POR	STATE REPRESENTATIVE		10/15/2004	
AND ALL	ED EXPENDITURES ALL OVER \$100 PAYMENTS TO CAMPAIGN WORKERS DRESS OF RECIPIENT	DATE	PURFOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME ADDRESS CITY/STATE	Dell PO Box 5403 Carol Stream 1L 60197	9/1/2004	printer ink \$ 143 27	PAID 143 27 INCURRED
NAME ADDRESS CITY / STATE	Creative Litho 3021 Cherokee Street Saint Louis MO	9/1/2004	printing costs \$ 538 10	PAID 538 10 INCURRED
NAME ADDRESS CITY / STATE	Meiissa Threadgill 3330 Cherry Valley Rd Allegany NY 14706	9/1/2004	campaign consul	PAID 1 100 00
NAME ADDRESS CITY / STATE	Screen Burst Graphics 1308 Ann Ave Saint Louis MO 63104	9/10/2004	campaign t-shir	\$ 388 49 DINCURRED
NAME ADDRESS CITY / STATE	Mueller Sign Shop 4418 Manchester Rd Saint Louis MO 63110	9/10/2004	banner \$ 200 00	\$ PAID 200 00 INCURRED
NAME ADDRESS CITY / STATE	SBC PO BOX 930170 Dallas TX	9/15/2004	phones \$ 157 26	S PAID 157 26 INCURRED
NAME ADDRESS CITY / STATE	Murray & Associates 3692 Terrace Dr House Springs MO 63051	9/15/2004	party food \$ 150 00	\$ PAID 150 00
NAME ADDRESS CITY / STATE	Melissa Threadgill 3330 Cherry Valley Rd Allegany NY 14706	9/15/2004	campaign consul \$ 4 400 00	PAID 1 100 00
NAME ADDRESS CITY / STATE	Cingular Wireless PO Box 650553 Dallas TX	9/17/2004	phones \$ 200 00	PAID 200 00 INCURRED
NAME ADDRESS CITY / STATE	Bates Neimand 1025 Vermont Ave Washington DC	9/25/2004	mail consulting	PAID 13 640 54
NAME ADDRESS CITY/STATE	Melissa Throadgill 3330 Cherry Valley Rd Allegany NY 14706	9/30/2004	campaign consul	PAID 1 100 00 INCURRED
NAME ADDRESS CITY / STATE	SEIU 5585 Persing Ave Saint Louis MO 63031	9/30/2004	use of direct d \$ 1 020 00	PAID 1 020 00
NAME ADDRESS CITY / STATE	Melissa Threadgill 3330 Cherry Valley Rd Allegany NY 14706	9/30/2004	reimbursements \$ 59 50	PAID 59 50
NAME ADDRESS CITY / STATE	CORO Program One University Blvd Saint Louis MD 53121	9/30/2004	fellow program \$ 500 00	PAID 500 00
NAME ADDRESS CITY/STATE			\$	\$ PAID INCURRED
	MIZED EXPENDITURES ALL OVER \$100 AND ALL P IRRY TO ITEM 13 SUBTOTAL ANY ATTACHED PA		I WORKERS	s



#### MISSOURI ETHICS COMMISSION INDEPENDENT CONTRACTOR EXPENDITURE

INSTRUCTIONS ON REVERSE SIDE



NAME OF COMMITTEE		C	DATE	
ZWEIFEL FOR STATE REPRESENTA	SVITA		10/15/2004	
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
Melissa Threadgill 3330 Cherry Valley Rd Allegany NY 14706	9/1/2004	general campaign consulting	\$ 3 300 00	g 3 300 00
Bates Neimand 1025 Vermont Ave Washington DC 20005	9/1/2004	mail consulting & production		
			\$ 13 640 54	\$ 13 040 34
			\$	\$
			\$	<b> </b>   <b>s</b>
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			\$	\$
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	Missouri Ethics Co
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# Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

1 DATE OF REPORT OFFICE USE ONLY

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INSTRUCTIONS ON REVERSE SIDE	<del></del>						
2 FULL NAME OF COMMITTEE							
ZWEIFEL FOR STATE REPRESENTATIVE							
3 COMMITTEE MAILING ADDRESS			4 COMMITTEE TELE	PHONE N	MBER		
1960 ACORN TRAIL DRIVE							
CITY / STATE / ZIP		<del>,</del>	[314) 972 ]	1990			
FLORISSANT MO 63031							
5 TREASURERS NAME		<u> </u>					
JWICE SMITH							
6 TREASURERS MAILING ADDRESS			7 TREASURERS TE	LEPHONE	NUMBER		
1960 ACORN TRAIL DRIVE			HOME (314) 972-1	1990			
CITY / STATE / ZIP				2065			
FLORISSANT MO 63031			WORK (314) 731-3	3307			
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9 DEPUTY TREASURER'S MAILING ADDRESS			10 DEPUTY TREASU	JRER S TEI	EPHONE NUMBER		
}			HOME				
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11 DATE OF ELECTION	12 TYPE OF	ELECTION (CHECK	ONE)				
		O PRIMARY	O GENERAL		O SPECIAL		
13 TIME PERIOD COVERED BY THIS STATEMENT							
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16 COMMITTEE TREASURER S SIGNATURE		17 CANDIDATES S	IGNATURE ( CANDID	ATE COM	MITTEES ONLY )		
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TREASURER'S SIGNATURE		CANDIDAT	ES SIGNATURE				



#### Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

ZWEIFEL FOR STATE REPRESENTATIVE

DATE OF REPORT

10/15/20



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	RECEIPTS	A	THIS	PERIC	סכ	B THIS	ELECTION	STATEMENT OF						
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED					\$	0 00	BEGINNING AND ENDING FINANCIAL CONDITION						
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$	23	775	00					·				
3	ALL LOANS RECEIVED THIS PERIOD	+ \$		0	00				MONEY ON HAND					
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$		0	00			25	MONEY ON HAND AT THE BEGINNI THIS REPORTING PERIOD (INCLUD FUNDS IN DEPOSITORY CASH SA	ING		47	331	<i>c</i> 1
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A 4A)	\$	23	775	00				ACCOUNTS AND ALL OTHER INVESTMENTS)	V 11400	9	· · · · ·		01
6	IN KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$		100	00			26	MONETARY RECEIPTS THIS PERIO	סו	T &	22	775	0.0
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9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 18 + 7A &A)					\$ 2	3 875 DO		B) Disbursements By Check \$26     Disbursements By Cash \$	0 00	*	٠	685	91
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10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED					\$	0 00				9	47,	421 -	00
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$	20	485	61			INDEBTEDNESS						
12	IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$		D	00			1	IMDED I EDIALOS					
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$		0	00			29	OUTSTANDING INDEBTEDNESS AT	THE	6		n	00
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$	20	485	61			No.	BEGINNING OF THIS PERIOD		•		. U	00
15	TOTAL EXPENDITURES THIS ELECTION (SUM 108 + 14A)					\$ 2	0 485 61	30	LOANS RECEIVED THIS PERIOD		+ <b>S</b>		0	00
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	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$		0	00			35	TOTAL INDEBTEDNESS AT THE CU OF THIS REPORTING PERIOD	.OSE	s		0	00
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A 23A)	\$		0	00			35	(9 M 29 + 30 31 34 33 34)		_			



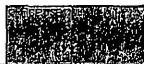
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1 NAME OF COMMITTEE	2 REPORT DATE	
2WEIFEL FOR STATE REPRESENTATIVE	10/15/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING		(CHECK IF
MORE THAN \$100 TO A COMMITTEE	AGGREGATE TO	MONETARY
3. NAME. ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
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8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)	· · · · · · · · · · · · · · · · · · ·	\$ 23 875 0
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS	<del></del>	\$ 23 775 0
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 100 0
B NON-ITEMIZED CONTRIBUTIONS RECEIVED		AMOUNT
(LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		RECEIVED
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED INLINE 8 ON FORM	4 CD1A	\$ 00
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 00
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 00
14 TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING	\$100 OR LESS	\$ 00
C LOANS RECEIVED	16 DATE	17 AMOUNT OF LO
15 NAME AND ADDRESS OF LENDER	RECEIVED	(IF MORE THAN \$100 ATTACH CD 18)
NAME	<u> </u>	
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16 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)	<del></del>	\$ 00
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		de .
ZO TOTAL LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.0
21 TOTAL ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 100 0
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 23,715 0
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & AD	DRESS (SUM 9 13 & 20)	\$ 23 775 0
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NAME OF COMMITTEE DATE 10/15/2004 ZWEIPEL FOR STATE REPRESENTATIVE INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all remized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures, see Form CD 1 instructions **ITEMIZED CONTRIBUTIONS RECEIVED** 4 DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING **ICHECK IF MONETARY** AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN-KIND) DATE NAME. ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS MATA PAC- Eastern Missouri 300 00 9/11/2004 PO Box 1792 CITY / STATE Jefferson City MO 65102 EMPLOYER MONETARY 300 **COMMITTEE** IN KIND NAME Gary Robb ADDRESS 300 00 5550 Ward Parkway 9/11/2004 CITY / STATE Kansas City MD 64113 attornev EMPLOYER **J** MONETARY \$ 3 D D COMMITTEE IN-KIND NAME Laborers Union Local No. 718 Voluntary Political Fund ADDRESS 300 00 PO Box 132 9/25/2004 CITY / STATE De 50to MO 63020 **EMPLOYER** MONETARY \$ 300 Z COMMITTEE IN KIND NAME AMECPAC ADDRESS \$ 300 00 9/25/2004 2722 E McCarty CITY / STATE Jefferson City MO 65101 EMPLOYER MONETARY 300 COMMITTEE IN KIND NAME Aerospace Lodge 837 IAMAW PAC ADDRESS S 75 00 213 Utz Ln 9/25/2004 CITY / STATE Hazelwood MO 63042 EMPLOYER MONETARY \$ 75 Z COMMITTEE IN KIND NAME Missouri Corrections Officers Assoc ADDRESS \$ 150 00 1103 R Southwest Blvd 9/25/2004 CITY / STATE Jefferson City MO 65109 EMPLOYER MONETARY \$ 150 Z COMMITTEE IN KIND NAME Quarry Workers Local Union No 829 Voluntary Political ADDRESS 300 00 Fund 9/27/2004 CITY / STATE 380 Market Street Stc Genevieve MO **EMPLOYER** MONETARY S 300 ✓ COMMITTEE IN KIND NAME Sheet Metal Workers Local 36 Political Education Account **ADDRESS** 300 00 301 S Ewing 9/27/2004 CITY / STATE Saint Louis MO 63103 **EMPLOYER** MONETARY \$ 300 Z COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS --(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)





NAME OF COMMITTEE DATE 10/15/2004 ZWEIFEL FOR STATE REPRESENTATIVE INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on If further information is needed concerning reporting itemized expenditures, see Form CD-1 instructions A ITEMIZED CONTRIBUTIONS RECEIVED 4 DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING **ICHECK IF MONETARY** AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN-KIND) DATE NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME MBA Ozark Region ADDRESS \$ 300 00 9/29/2004 207 E Capitol Ave CITY / STATE Jefferson City MO 65101 EMPLOYER ✓ MONETARY 300 COMMITTEE IN KIND NAME ADDRESS DC Inc 300 00 9/29/2004 895 Boger Ct CITY / STATE Fenton MO 63026 MONETARY EMPLOYER 300 **COMMITTEE** IN-KIND NAME LPC Inc 300 00 ADDRESS 350 North Valley Dell Dr 9/29/2004 CITY / STATE Fenton MO 63026 EMPLOYER MONETARY \$ 300 COMMITTEE IN KIND NAME Separate Segrogated Fund Carpenters Local Union No 61 ADDRESS 300 00 625 W 39th Suite 100 9/29/2004 CITY / STATE Kansas City MO 64111 EMPLOYER MONETARY 300 **Z** COMMITTEE IN KIND NAME Machinist District #9 PAC **ADDRESS** 100 00 12365 St Charles Rock Rd 9/29/2004 CITY / STATE Bridgeton MO 63044 MONETARY EMPLOYER. \$ 100 COMMITTEE IN KIND NAME Julia Lamborn **ADDRESS** \$ 50 00 753 Lamplight Ln 9/29/2004 CITY / STATE Hazelwood MD 63042 Missourians for Single Payer Realthcare Reform EMPLOYER MONETARY \$ 50 COMMITTEE IN KIND NAME Charles Vogel ADDRESS 150 00 15 Migaclair Dr 9/29/2004 CITY / STATE Florissant MO 6303) forguson Optical **EMPLOYER** MONETARY 150 COMMITTEE IN KIND NAME Teamsters Local Union No 541 ADDRESS 300 00 9/29/2004 4501 Van Brunt Blvo CITY / STATE Kansas City MO 64130 EMPLOYER. MONETARY S 300 Z COMMITTEE IN-KIND TOTAL ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)





NAME OF COMMITTEE

ZWEIFEL FOR STATE REPRESENTATIVE

DATE

10/15/2004

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NAME NAME	S AND OCCUPATION (LIST COMMITTEES FIRST)	UNIE	· · · · · · · · · · · · · · · · · · ·				
ADDRESS	Missouri State Chiropractors Assoc		\$ 200 00				
CITY / STATE	220 E Dunklin St	9/29/2004	3 200 00				
EMPLOYER	Jefferson City MO 65101	} <u> </u>	MONETARY				
COMMITTEE		\$ 200	IN-KIND				
NAME	<del></del>	<del></del>					
ADDRESS	Missouri Union of Law Enforcement	· Į	\$ 100 00				
CITY / STATE	5976 Howdershell Ra Suite 109	9/1/2004	100 00				
EMPLOYER	Halelwood MO 63031	******	MONETARY				
COMMITTEE		\$ 100	IN-KIND				
NAME							
ADDRESS	Health PAC		\$ 300 00				
CITY / STATE	PO Box 60	8/30/2004					
EMPLOYER	Jefferson City MO	f	MONETARY				
COMMITTEE		\$ 300	IN-KIND				
NAME		<u> </u>					
ADDRESS	Katheline Egan 926 Jafferson #107	0/25/2504	\$ 75.00				
CITY / STATE	Kansas City MO 64105	8/30/2004					
EMPLOYER	Foliy Theater	\$ 75	MONETARY				
COMMITTEE		Ψ /3	IN KIND				
NAME	Regina Robinson						
ADDRESS	One University Blvd	8/20/2004	\$ 25.00				
CITY / STATE	Saint Louis MO 63121 CORO Fellowship Program	8/30/2004	,				
EMPLOYER	CONG. CETTON TAGE OF THE CONG.	\$ 25	MONETARY				
COMMITTEE			L IN KIND				
NAME ADDRESS	Laura Cohen						
CITY / STATE	41 8 W Fine Blvd St Louis MO 63108	9/1/2004	\$ 100 00				
EMPLOYER	Trail Net		[ ]				
COMMITTEE		\$ 100	MONETARY				
NAME		<del></del>	L_IN KIND				
ADDRESS	Missouri Gaming Company		\$ 300 00				
CITY / STATE	777 NW Argosy Parkway	9/1/2004	\$ 300 00				
EMPLOYER	Riverside MO 64150		MONETARY				
COMMITTEE		\$ 300	MONETARY IN KIND				
NAME		<del></del>	14 1/1140				
ADDRESS	North County Labor Legislative Club		\$ 300 00				
CITY / STATE	7808 Winward Dr	9/1/2004	<b>4</b> 300 00				
EMPLOYER	Saint Louis MO 63121		MONETARY				
Z COMMITTEE		\$ 300	IN KIND				
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NAME	Laburers International Unior of North America APL_CIO						
ADDRESS	Local 53	9/5/2004	\$ 300 00				
CITY / STATE	12891 Pennridge Dr Saint Louis MO 63044						
EMPLOYER	APPLIE PAGED 110 AAA11	\$ 300	MONETARY				
COMMITTEE			L IN-KIND				
NAME	Patricia & AJ Fontana		\$ 20 00				
ADDRESS CITY / STATE	640 Hazelvalley Dr	9/5/2004	3 20 00				
EMPLOYER	Hazelwood MO 63042		MONETARY				
COMMITTEE		\$ 20	IN-KIND				
NAME							
ADDRESS	Committee to Elect Vicki Walker	İ	\$ 100 00				
CITY / STATE	9825 James A Reed Rd	9/5/2004	· ·				
EMPLOYER	Kansas City MO 64134	\$ 100	✓ MONETARY				
Z COMMITTEE		\$ 100	IN KIND				
NAME			-				
ADDRESS	Charles Zweifel 1954 Croftdalo Dr	9/5/2004	\$ 300 00				
CITY / STATE	Florissant MO 63031	J/J/2004					
EMPLOYER	Carpenter	\$ 300	MONETARY				
L_I COMMITTEE		<b>,</b>	L IN KIND				
NAME	Brenda Zweifel		¢				
ADDRESS	1962 Croftdale Dr	9/5/2004	\$ 300 00				
CITY / STATE EMPLOYER	Floriesant MO 63031 hair stylist	14	[7] MONETARY				
COMMITTEE		\$ 300	MONETARY IN-KIND				
NAME		<del></del>	1144016				
ADDRESS	Larry linker	İ	\$ 50.00				
CITY / STATE	4206 Dunn Rd Nazelwood NO 63042	9/5/2004	• 30 00				
EMPLOYER	retired		MONETARY				
☐ COMMITTEE		\$ 50	IN KIND				
NAME							
ADDRESS	CWA District 6 Political Education Committee 10820 Sunset Office Dr St 101	0.0.000	\$ 300.00				
CITY / STATE	Saint Louis MO 63127	9/5/2004	l				
EMPLOYER		\$ 300	MONETARY				
COMMITTEE			☐ IN KIND				
NAME	Uniced Union of Roofor. Waterproofers and Allied Workers						
ADDRESS	Political Education and Legislative Fund	9/5/2004	\$ 300 00				
CITY / STATE EMPLOYER	Kansas City MO 64131		MONETARY				
COMMITTEE		\$ 300	IN KIND				
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TOTAL ITEMIZI	ED CONTRIBUTIONS						
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NAME OF COMMIT	TEE	DATE	
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INSTRUCTIONS			
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3 NAME, ADDRES	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
ADORESS	Teamsters Local Union 618		\$ 300 00
CITY / STATE	300 5 Grand Blvd	9/5/2004	\$ 300.00
EMPLOYER	Saint Louis MO 63108		MONETARY
Z COMMITTEE		\$ 300	IN-KIND
NAME			
ADDRESS	Brewers and Maltsters Benevolent Association	9/5/2004	\$ 300 00
CITY / STATE	3650 Wisconsin Ave Saint Louis MO 63118	9/3/2004	]
EMPLOYER	Saint podia wo estite	\$ 300	MONETARY
NAME COMMITTEE			IN-KIND
ADDRESS	Teamsters Union No 795 DRIVE PAC		\$ 300 00
CITY / STATE	4921 Cessna	9/11/2004	\$ 300 00
EMPLOYER	Witchita KS 67210	***************************************	MONETARY
Z COMMITTEE		\$ 300	IN KIND
NAME		<del> </del>	
ADDRESS	LOMBDA PAC		\$ 300.00
CITY / STATE	PO Box 195	9/11/2004	
EMPLOYER	Surrise Beach MO 65079	\$ 300	MONETARY
COMMITTEE		Ψ 300	IN-KIND
NAME	77th State Representative District Domocratic Committee		
ADDRESS CITY / STATE	3427 at Mark St at Ann MD 63074	9/11/2004	\$ 500 00
EMPLOYER	בי אווו אס פסטיין		[7]
Z COMMITTEE		\$ 500	MONETARY
NAME		<del></del>	L IN KIND
ADDRESS	Gas Workers Local5 6 Voluntary Political Action Committee 7750 Olive 8 vd		\$ 200.00
CITY / STATE	Saint Louis MO 63130	9/11/2004	
EMPLOYER		\$ 200	Z MONETARY
COMMITTEE		\$ 200	IN KIND
NAME ADDRESS	MATA PAC		]
CITY / STATE	PO BOX 1792	9/11/2004	\$ 300 00
EMPLOYER	Jefferson City MO 65102		[7] WOULTARY
Z COMMITTEE		\$ 300	MONETARY IN KIND
NAME			I III III VIND
ADDRESS	Southwestern Bell Missouri Employees Political Action		\$ 300 00
CITY / STATE	One sell Center	9/11/2004	•
EMPLOYER	Saint Louis MO 63101	200	MONETARY
COMMITTEE		\$ 300	IN KIND
TOTAL ITEMIZE	D CONTRIBUTIONS		
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NAME OF COMMITTEE DATE ZWEIFEL FOR STATE REPRESENTATIVE 10/15/2004 INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions A ITEMIZED CONTRIBUTIONS RECEIVED DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING (CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR INJUNDA DATE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME MATA-PAC Western Missouri **ADDRESS** \$ 300 00 PO Box 1792 9/11/2004 CITY / STATE Jefferson City MO 65102 EMPLOYER MONETARY 300 Z COMMITTEE IN-KIND NAME ADDRESS MATA-PAC Central M.ssouri 300 00 9/11/2004 PO Box 1792 CITY / STATE Jefferson City MO 65102 **EMPLOYER** MONETARY \$ 300 **COMMITTEE** IN KIND NAME Jaclyn Ostrowski 75 00 \$ **ADDRESS** 1907 Acorn Trail Or Florissant MO 63031 9/7/2004 CITY / STATE foderal government **EMPLOYER** MONETARY \$ 75 COMMITTEE IN-KIND NAME Carpenters District Council of Kansas City and Vicinity ADDRESS 300 00 SSF-Political Fund 9/8/2004 CITY / STATE 625 W 39th St Kansas City MO 64111 EMPLOYER MONETARY 300 Z COMMITTEE IN-KIND NAME UFCW Local No 88 Meat Cutters Union **ADDRESS** 300 00 300 \$ Grand Blvd 9/8/2004 CITY / STATE Saint Louis MO EMPLOYER MONETARY S 300 Z COMMITTEE IN KIND NAME Edward Finkelstein ADDRESS 100 00 7600 Carswold Dr 9/9/2004 Saint Louis MO 63105 St Louis Labor Tribune CITY / STATE **EMPLOYER** MONETARY S 100 □ COMMITTEE IN KIND NAME Brown & Associates **ADDRESS** 300 00 232 N Kingshighway Blvd Ste 202 9/9/2004 CITY / STATE Saint Louis MO EMPLOYER MONETARY \$ 300 COMMITTEE IN KIND NAME St Louis Port Council Educational Political and **ADDRESS** 300 00 Informational Pund 9/9/2004 4581 Gravo19 CITY / STATE Saint Louis MO 63116 **EMPLOYER** MONETARY \$ 300 Z COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS --(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)





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NAME						
ADDRESS	Missouri School Administrators PAC	9/21/2004	\$ 100 00			
CITY / STATE	398 Dix Rd Suite 201 Jefferson City MO 65109	3/21/2004				
EMPLOYER  COMMITTEE		\$ 100	MONETARY IN KIND			
NAME	Man ala v					
ADDRESS	AT&T PAC - Missouri/kansas 101 W McCarty Street	9/22/2004	\$ 250 00			
CITY / STATE EMPLOYER	Jefferson City MO 65101	- <del></del>	T MONETARY			
COMMITTEE		\$ 250	MONETARY IN-KIND			
NAME	**************************************	1				
ADDRESS	James Cooper		\$ 300 00			
CITY / STATE	808 Bricken Place Saint Louis MO 63122	9/22/2004	1			
EMPLOYER	Medical Director LHI	\$ 300	✓ MONETARY			
COMMITTEE		Ψ 350	IN KIND			
NAME	Waysall Character Marith Contact DC					
ADDRESS CITY / STATE	Howell Chiropractic Health Center PC 490 Howdershell Ru	9/22/2004	\$ 200 00			
EMPLOYER	Florismant MO 63031	144 14Sh	MONETARY			
COMMITTEE		\$ 200	IN KIND			
NAME						
ADDRESS	Sprinkler Fitters Political Education and Legislative Committee		\$ 300.00			
CITY / STATE	1710 S Broadway	9/22/2004				
EMPLOYER	Saint Louis MO 63104	\$ 300	MONETARY			
COMMITTEE		<del>  •</del>	IN KIND			
NAME ADDRESS	Hear & Frost Insulators & Asbestos Workers Local No 1		C 200 20			
CITY / STATE	3325 Hollenberg Dr	9/22/2004	\$ 300 00			
EMPLOYER	Bridgeton MO 63044		MONETARY			
Z COMMITTEE		\$ 300	IN-KIND			
NAME		· · · · · · · · · · · · · · · · · · ·				
ADDRESS	Blue Cross and Blue Shield of Kansas City PAC for Missouri		\$ 200 00			
CITY / STATE	One Pershing Square Kanyas City MO 54108	9/22/2004				
EMPLOYER	Managas City MO 04100	\$ 200	MONETARY			
COMMITTEE			IN KIND			
NAME ADDRESS	Mary Sievert		\$ 30.00			
CITY / STATE	6326 Alaska	9/22/2004	30 00			
EMPLOYER	Saint Louis MO 63111	# HH HH	MONETARY			
COMMITTEE		\$ 30	IN KIND			
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DATE NAME OF COMMITTEE 10/15/2004 ZWEIFEL FOR STATE REPRESENTATIVE INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting Itemized expenditures see Form CD 1 instructions A ITEMIZED CONTRIBUTIONS RECEIVED 4 DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING [CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN-KIND) NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) DATE Misspri Potroleum Marketers and Convenience Store Assa 300 00 ADDRESS 9/23/2004 CITY / STATE 205 E Capital Ave Jofferson City MD 65101 **FMPLOYER** MONETARY 300 COMMITTEE IN KIND NAME Missouri Medical Political Action Committee **ADDRESS** 300 00 9/23/2004 PO Box 1402 CITY / STATE Jefferson City MO 65101 MONETARY EMPLOYER S 300 ☑ COMMITTEE IN-KIND NAME United Steel Workers of American Eastern Missouri Steel 300 00 ADDRESS Counsel Fund 9/27/2004 CITY / STATE 3362 Hollenberg Dr Bridgeton MD 63044 **EMPLOYER** Z MONETARY \$ 300 IN KIND NAME Credit Union PAC ADDRESS 300 00 9/27/2004 2055 Craigshire Dr CITY / STATE Saint Louis MO 63146 EMPLOYER MONETARY 300 Z COMMITTEE IN-KIND NAME AGC of 5t Louis PAC ADDRESS 300 00 6330 Knox Industrial 9/28/2004 CITY / STATE Saint Louis MO 53139 **MONETARY** EMPLOYER \$ 300 Z COMMITTEE IN KIND NAME National Electrical Cont Assn Saint Louis ADDRESS 300 00 9/29/2004 3425 Hampton Ave CITY / STATE Saint Louis MO 63139 MONETARY EMPLOYER 300 Z COMMITTEE IN KIND NAME Missouri Drive Fund ADDRESS 300 00 1850 E Division St 9/29/2004 CITY / STATE Springfield MO 55803 MONETARY EMPLOYER 300 COMMITTEE IN KIND NAME MBA Gateway Region PAC ADDRESS 300 00 9/29/2004 207 E Capitol Ave CITY / STATE Jefferson City MO 65101 MONETARY EMPLOYER 300 IN KIND **COMMITTEE** TOTAL ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)





NAME OF COMMITTEE DATE ZWEIPEL FOR STATE REPRESENTATIVE 10/15/2004 INSTRUCTIONS PURPOSE. The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures, see Form CD 1 instructions A. ITEMIZED CONTRIBUTIONS RECEIVED 4 DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING (CHECK IP MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN-KIND) DATE NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME MBA Captiol Region PAC ADDRESS 300 00 9/29/2004 207 E Capitol Ave CITY / STATE Jefferson City MO 65101 EMPLOYER MONETARY \$ 300 COMMITTEE IN-KIND NAME Amita Robb ADDRESS \$ 300 00 5550 Ward Parkway 9/11/2004 CITY / STATE Kansas City MO 64113 EMPLOYER attorney MONETARY \$ 300 COMMITTEE IN KIND NAME Robin Emison 307 W 34th St ADDRESS 300 00 9/11/2004 CITY / STATE Higginsville MO 64037 **EMPLOYER** Attorney **MONETARY** 300 COMMITTEE IN-KIND NAME **ADDRESS** Langdon & Emison 300 00 9/11/2004 911 Main Street CITY / STATE Lexington MD 64067 EMPLOYER MONETARY 300 COMMITTEE IN-KIND NAME Robert Palmer ADDRESS 205 Park Central & Ste 511 300 00 9/11/2004 CITY / STATE Spcingfield MD 65806 attorney EMPLOYER MONETARY \$ 300 COMMITTEE IN-KIND NAME ADDRESS The Law Offices of Robert Palmer S 300 00 205 Park Central E Ste 511 9/11/2004 CITY / STATE Springfield MO 65806 **EMPLOYER** MONETARY \$ 300 COMMITTEE IN-KIND NAME Hershewe Law Firm PC ADDRESS 300 00 431 Virginia 9/11/2004 CITY / STATE Joplin MO 64801 **EMPLOYER** MONETARY S 300 COMMITTEE IN KIND NAME ELECT Political Fund UFCW **ADDRESS** 300 00 9/11/2004 300 Weidman Rd CITY I STATE Ballwin MO 63011 EMPLOYER MONETARY \$ 300 COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS \_ -(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)





NAME OF COMMITTEE DATE 10/15/2004 ZWEIFEL FOR STATE REPRESENTATIVE INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures, see Form CD 1 instructions A ITEMIZED CONTRIBUTIONS RECEIVED 4 DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING AGGREGATE TO (CHECK IF MONETARY MORE THAN \$100 TO A COMMITTEE OR IN-KIND 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) DATE NAME Missouri NEA-PAC ADDRESS 300 00 9/11/2004 1810 East Elm St CITY / STATE Jefferson City MO 65101 EMPLOYER MONETARY 300 COMMITTEE IN-KIND NAME ADDRESS Local 124 Voluntary Political Fund 300 00 301 E 103rd Terrace 9/15/2004 CITY / STATE Kansas City MO 64114 EMPLOYER MONETARY 300 Z COMMITTEE IN KIND NAME ADDRESS Boilermakers Local 27 Voluntary Fund 300 00 1547 S Broadway 9/15/2004 CITY / STATE Saint Louis MO 63104 EMPLOYER MONETARY S 300 Z COMMITTEE IN KIND NAME QuikTrip Corporation ADDRESS 300 00 9/15/2004 4705 S 129th E Ave CITY / STATE Tulsa OK 74134 **EMPLOYER** MONETARY 300 ☐ COMMITTEE IN-KIND NAME MO Cable PAC **ADDRESS** 300 00 4700 Little Blue Parkway 9/15/2004 CITY / STATE Independence MO 64057 EMPLOYER MONETARY \$ 300 ☑ COMMITTEE IN KIND NAME House Capital Demos Inner Circle **ADDRESS** 300 00 PO Box 832 9/15/2004 CITY / STATE Jefferson City MO 65102 **EMPLOYER** MONETARY \$ 300 Z COMMITTEE IN KIND NAME Aventis Pharmaceut\_cals Inc **ADDRESS** 300 00 PO Box 6944 9/15/2004 CITY / STATE Bridgewater NJ 88071 **EMPLOYER** MONETARY \$ 300 COMMITTEE IN-KIND NAME Missouri Assocation of Municipal Utilities ADDRESS 100 00 2407 W Ash 9/15/2004 CITY / STATE Columbia MO 65203 **EMPLOYER** MONETARY \$ 100 Z COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS \_\_ (CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)





NAME OF COMMITTEE DATE ZWLIFEL FOR STATE REPRESENTATIVE 10/15/2004 INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures, see Form CD 1 Instructions A ITEMIZED CONTRIBUTIONS RECEIVED DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING **ICHECK IF MONETARY** AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN-KIND) NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) DATE NAME Harrah's Operating Company Inc ADDRESS 300 00 9/15/2004 1023 Cherry Rd CITY / STATE Memphis TN 38117 **EMPLOYER** MONETARY S 300 COMMITTEE IN-KIND NAME ADDRESS Laborers International Union of North America (Laborers 300 00 Local 110) 9/15/2004 CITY / STATE 11000 Lin Valle Rd Saint Louis NO 63123 EMPLOYER MONETARY \$ 300 COMMITTEE IN KIND NAME Joann Stephan ADDRESS 150 00 1404 Drayton Ave 9/16/2004 CITY / STATE Saint Louis Mo 63119 Chapel/Administrator **EMPLOYER** MONETARY S 150 COMMITTEE IN-KIND NAME St Louis Carpenters Credit Union **ADDRESS** 300 00 9/16/2004 1401 Ave Rm 152 CITY / STATE Saint Louis MO 63139 EMPLOYER MONETARY 300 Z COMMITTEE IN-KIND NAME Missouri State UAW PAC **ADDRESS** 300 00 721 Dunn Rd 9/16/2004 CITY / STATE Hazelwood MO 63042 **EMPLOYER** MONETARY 300 COMMITTEE IN-KIND NAME Teamsters Joint Council 13 DRIVE Political Fund ADDRESS \$ 300 00 9041 Riverview Dr 9/16/2004 CITY / STATE Saint Louis MO 63137 **EMPLOYER** MONETARY S 300 Z COMMITTEE IN-KIND NAME Missouri State Council Fire Fighters PAC ADDRESS 200 00 6320 Manchester Ave 9/16/2004 CITY / STATE Kansas City MO 64133 **EMPLOYER** MONETARY 200 Z COMMITTEE IN-KIND NAME Bent-Wood Incorporated **ADDRESS** 300 00 9/23/2004 1501 Charbonier Rd CITY / STATE Florissant MO 63031 **EMPLOYER** MONETARY \$ 300 ☐ COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS --[CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)





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INSTRUCTIONS							
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.							
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If further information is needed concerning reporting itemized expenditures, see Form CD 1 instructions							
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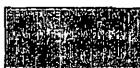


### MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE INSTRUCTIONS ON REVERSE SIDE

1 NAME OF COMMITTEE		2 REPORT DATE	A 72.	
ZWEIFEL FOR STATE REPRESENTATIVE		10/15/2004		
A EXPENDITURES OF \$100 OR LESS BY CATEGORY	•		4 4	MOUNT PAID OR
(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELI	OW)		ľ	RED THIS PERIOD
3 CATEGORY OF EXPENDITURE				
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AND ALL PAYMENTS TO CAMPAIGN WORKERS	9 DATE	PAYMENT WAS TO A CAMPAIGN WORKER SHOW	11 AN	OUNT THIS PERIOD
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13 SUBTOTAL ANY ATTACHED PAGES			\$ + \$	0 00
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)		<del></del>		20 297 16
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$	20 297 16
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$	20 485 61
17 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD	<del></del>			20 485 61
18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD			\$ \$	
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FOR			\$	0 00
C MONETARY CONTRIBUTIONS MADE (REGARDLES		<del></del>	Ψ	
		21 DATE		ZZ AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE				
NAME Friends of Claire McCaskill		1	•	
ADDRESS PO Box 6671 CITY/STATE Saint Louis MO 63127		9/10/2004	_	1 200 00
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24 SUBTOTAL ANY ATTACHED PAGES	+ \$	0 00		
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM	C3 T Z4)		\$	1 200 00
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT	10 DEDIÁN (6) 14 05 + 0	e\	\$	0 00
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE TH 28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIO		<u> </u>	\$ \$	1 200 00
20 IF COMMUTEE MADE ANT IN KIND CONTRIBUTIONS THIS PERIO	U LIOI MINUUNII		1.00	י טט ט



#### MISSOURI ETHICS COMMISSION EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM



NAME OF COMMITTEE	DATE	TAKE A PART COMPANY	
ZWEIFEL FOR STATE REFRESENTATIVE	10/15/	2004	
EXPENDITURES OF \$100 OR LESS BY CATEGORY			<del> </del>
(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 S	UP B)	AMOU	NT PAID OR D THIS PERIOD
CATEGORY OF EXPENDITURE			J 111101 E1110D
Program Book Ad		\$	75 00
Computer Software		\$	49 95
Misc (Volunteer Food Office Supplies)		\$	50 00
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TOTAL ITEMIZED EXPENDITURES THIS PAGE	<u></u>	Ψ	
(CARRY TO ITEM 13 "SUBTOTAL ANY ATTACHED PAGES ON FORM CD-3)		\$	**
		F	DRM CD 3 SUP A



#### MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

- 500044				<b>经验证证据</b>
NAME OF COM Zweifel for	MITTEE STATE REPRESENTATIVE		REPORT DATE 10/15/2004	
AND ALL	ED EXPENDITURES ALL OVER \$100 PAYMENTS TO CAMPAIGN WORKERS DRESS OF RECIPIENT	DATE	PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME ADDRESS CITY / STATE	Dell PO Box 6403 Carol Stream IL 60197	9/1/2004	printer ink \$ 143 27	PAID 143 27 INCURRED
NAME ADDRESS CITY / STATE	Creative Litho 3021 Cherokee Street Saint Louis MO	9/1/2004	printing costs \$ 538 10	\$ 538 10 PAID INCURRED
NAME ADDRESS CITY / STATE	Melissa Threadgill 3330 Cherry Valley Rd Allegany NY 14706	9/1/2004	campaign consul	PAID 1 100 00
NAME ADDRESS CITY / STATE	Screen Surst Graphics 1308 Ann Ave Saint Iquis MO 63104	9/10/2004	campaign t-shir	\$ 388 49 INCURRED
NAME ADDRESS CITY / STATE	Mueller Sign Shop 4418 Manchester Rd Saint Louis MO 63110	9/10/2004	banner \$ 200 00	\$ 200 00 INCURRED
NAME ADDRESS CITY / STATE	SBC PO BOX 930170 Dallas TX	9/15/2004	phones \$ 157 26	PAID 157 26 INCURRED
NAME ADDRESS CITY / STATE	Murray & Associates 3692 Terrace Dr House Springs MO 63051	9/15/2004	party food \$ 150 00	PAID 150 00
NAME ADDRESS CITY / STATE	Melissa Threadgill 3330 Cherry Valley Rd Allegany NY 14706	9/15/2004	campaign consul	PAID 1 100 00
NAME ADDRESS CITY / STATE	Cingular Wireless PO Box 650553 Dallas TX	9/17/2004	phones \$ 200 00	\$ PAID 200 00
NAME ADDRESS CITY / STATE	Bates Neimand 1025 Vermont Ave Washington DC	9/25/2004	mail consulting \$ 13 640 54	Land Middle Control
NAME ADDRESS CITY / STATE	Melissa Threadgill 3330 Cherry Valley Rd Allegany NY 14706	9/30/2004	campaign consul \$ 5 500 00	\$ PAID 1 100 00
NAME ADDRESS CITY / STATE	SEIU 5585 Persing Ave Saint Louis MO 63031	9/30/2004	use of direct d \$ 1 020 00	PAID 1 020 00
NAME ADDRESS CITY / STATE	Melissa Threadgill 3330 Cherry Valley Rd Allegany NY 147D6	9/30/2004	reimbursements	PAID 59 50
NAME ADDRESS CITY/STATE	CORO Program One University Blvd Saint Louis MO 63121	9/30/2004	fellow program \$ 500 00	PAID 500 00
NAME ADDRESS CITY / STATE			\$	PAID INCURRED
	MIZEO EXPENDITURES ALL OVER \$100 AND ALL F IRRY TO ITEM 13 SUBTOTAL ANY ATTACHED PA		WORKERS	s



#### **MISSOURI ETHICS COMMISSION** INDEPENDENT CONTRACTOR EXPENDITURE

INSTRUCTIONS ON REVERSE SIDE



NAME OF COMMITTEE ZWEIFEL FOR STATE REFRESENTATIVE			DATE 10/15/2004			
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR DATE DATE RENDERED			PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID		
Melissa Threadgill 3330 Cherry Valley Rd Allegany NY 14706	9/1/2004	general campaign consulting	\$ 3 300 0	s 3 300 00		
Bates Neimand 1025 Vermont Ave Washington DC 20005	9/1/2004	mail consulting & production	\$ 13 640 5			
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		SUBTO	OTAL THIS PAGE	\$ 16 940 54		

FORM CD-8

			1 DATE OF	REPORT	OFFICE USE ONLY
Missouri Ethics Commis	SION				
COMMITTEE DISCLOSURE	REPORT C	OVER PAGE	9/ /2004	1	
MECIDA	NOC01040	2			
INSTRUCTIONS ON REVERSE SIDE					<u> </u>
2 FULL NAME OF COMMITTEE			-		
ZWEIFEL FOR STATE REPRESENTATIVE					
3 COMMITTEE MAILING ADDRESS			4 COMMITTEE TEL	EPHONE N	UMBER
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CITY / STATE / ZIP			]		
FLORISSANT MO 53031			Ĺ <u>.</u>		<del></del>
5 TREASURERS NAME JANICE 5M-TH					
B TREASURERS MAILING ADDRESS			7 TREASURERS TO	ELEBRONE	NUMBER
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9 DEPUTY TREASURER'S MAILING ADDRESS			10 DEPUTY TREAS	URERS TE	LEPHONE NUMBER
			HOME		
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11 DATE OF ELECTION	12 TYPE OF	ELECTION (CHECK	<u>`</u>		····
11 2/2004		PRIMARY	O GENERAL		O SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT					
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14 CANDIDATE COMMITTEES ONLY LIST CANDIDATES ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIV		15 TYPE OF REPO	RT		
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REPUBLICAN DEMOCRAT		MAMENDING P	REVIOUS REPORT D		24
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16 COMMITTEE TREASURER'S SIGNATURE			IGNATURE (CANDI		
I CERTIFY THAT THIS REPORT COMPRISED OF THIS PAGE AND ALL ATTACHED FORMS IS COMPLETE TO ACCURATE	·		THIS REPORT COM ATTACHED FORMS	· ·	
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CANDIDATE S SIGNATURE

TREASURER S SIGNATURE



#### Missouri Ethics Commission **REPORT SUMMARY**

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE ZWEIFEL FOR STATE

REPRESENTATIVE

DATE OF REPORT

9/1/2004



	<del></del>	<u>_</u>			
RECEIPTS	A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION		
1 TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 47 270 00			
ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 22 130 99		MONEY ON HAND		
3 ALL LOANS RECEIVED THIS PERIOD	+\$ 0 00				
MISCELLANEOUS RECEIPTS THIS PERIOD	+\$ 0.00		25 MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING	# 37 <b>6</b> 43 DC	
5 SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A 3A + 4A)	\$ 22 130 99		FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 37,843 86	
6 IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$ 300 00		26 MONETARY RECEIPTS THIS PERIOD	. # 22 470 00	
7 TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 27 430 99		(FROM ITEM 5)	+\$22,130 99	
FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0.00		<sup>27</sup> MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 24 )	B 15 C12 54	
9 TOTAL ALL RECEIPTS THIS ELECTION (SUM 18 + 7A 8A)		\$ 69 700 99	a) Disburseme to By Check \$ 43 44 b) Disbursements By Cash \$ 5 000	\$ 12,643 24	
EXPENDITURES	A THIS PERIOD	B THIS ELECTION	28 MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD	£ 47 221 C1	
10 TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 23 498 51	(SUM 25 + 26 27)	\$ 47 331 61	
11 EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 11 443 24		INDEBTEDNESS		
12 IN KIND EXPENDITURES MADE THIS PERIOD	+\$ 0.00				
13 DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$ 0 00		29 OUTSTANDING INDEBTEDNESS AT THE	\$ 0.00	
14 TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 11 443 24		BEGINNING OF THIS PERIOD	• 0 00	
15 TOTAL EXPENDITURES THIS ELECTION (SUM 108 14A)		\$ 34 941 75	30 LOANS RECEIVED THIS PERIOD	+\$ 0.00	
CONTRIBUTIONS MADE	A THIS PERIOD	B THIS ELECTION		0 00	
16 TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0.00	31  NEW DEBTS INCURRED THIS PERIOD	+\$ 0.00	
17 ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 1 200 00			0 00	
18 ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD	+\$ 0.00		PAYMENTS MADE ON LOANS THIS	s 0 00	
19 TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 1 200 00		PERIOD	0 00	
TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 168 + 19A)		\$ 1 200 00	33 CREDITS RECEIVED ON LOANS THIS	s 0 00	
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NAME OF COMMITT	EE	DATE	
ZWEIFEL FOR STA	TE REPRESENTATIVE	9/1/2004	
INSTRUCTIONS			
PURPOSE The	ourpase of the Contributions Received supplement is to provide a prin	ted outline for attaching addition	onal pages to Form CD1
(Contributions Re	poeried) This form should be used as additional space for reporting p		
committee contri	butions. This form may be reproduced as needed		
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If further informat	tion is needed concerning reporting itemized expenditures see Form (	CO 1 Instructions	
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	) TO A COMMITTEE	AGGREGATE TO	OR IN-KIND)
3 NAME ADDRESS	AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
ADDRESS	Dri-Port Marine	1	\$ 300 00
CITY / STATE	300 Lake Bluff Drive	8/28/2004	
EMPLOYER	O Fallon MO 63366		Z MONETARY
COMMITTEE		\$ 300	in-KIND
NAME			
ADDRESS	Brian Spector 817 N Price Rd	7/29/2004	\$ 50 00
CITY I STATE	Swint Louis MD 63132	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
EMPLOYER	lawyer	\$ 50	MONETARY
COMMITTEE			IN KIND
NAME	Kathleen Kelly Burkett		\$ 20 00
ADDRESS CITY / STATE	2023 Huntington	8/15/2004	J 20 00
EMPLOYER	Overland m 063114 RL Kelly		MONETARY
COMMITTEE	•	\$ 220	IN-KIND
NAME			
ADDRESS	James Lappe 14707 Faon Ct	0.415.42004	\$ 25 00
CITY / STATE	Florissau MO 53034	8/15/2004	
EMPLOYER	Schunks	\$ 25	MONETARY
L COMMITTEE			IN KIND
NAME	Cary & Elsie Thornton		<b>.</b>
ADDRESS CITY / STATE	167 Benedicting Ct Hazelwood MO 63031	8/15/2004	\$ 25 00
EMPLOYER	SBC SBC		MONETARY
COMMITTEE		\$ 25	IN KIND
NAME			
ADDRESS	Patricia Pontana 9 Be ujolata	5 (3 5 (3 9 )	\$ 20.00
CITY / STATE	Florisiant NO 63031 America Coming Together	8/15/2004	
EMPLOYER		\$ 120	MONETARY
COMMITTEE		123	IN KIND
NAME	Crystal Howard		<b>.</b>
ADDRESS CITY / STATE	531 B ackcorth Ct Florissant MO 63631	8/15/2004	\$ 50 00
EMPLOYER	Anhesuer Busch	£14	MONETARY
COMMITTEE		\$ 50	IN KIND
NAME			
ADDRESS	Pat Flotowicz 9 Beaujolais	8/15/2004	\$ 50.00
CITY / STATE	Florissant MO 63031	0/13/2004	<b>!</b>
EMPLOYER	Boeing	\$ 50	MONETARY
COMMITTEE			IN-KIND
TOTAL ITEMIZE	D CONTRIBUTIONS		
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NAME OF COMMITT		DATE	
ZWEIFEL FOR STA	ATE REPRESENTATIVE	9/1/2004	
INSTRUCTIONS			
PURPOSE. The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.			
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	O TO A COMMITTEE	DATE	OR IN-KIND)
<u>s. Dame, Audress</u> NAME	AND OCCUPATION (LIST COMMITTEES FIRST)		
ADDRESS	John Taylor	<b>,</b>	\$ 20.00
CITY / STATE	307 Imperial Hazelwood MO 63042	8/15/2004	Ι Ψ
EMPLOYER	IFS - Sprinkler fitter		MONETARY
COMMITTEE		\$ 20	IN KIND
NAME		<del></del>	IN KIND
ADDRESS	Matthow Robinson		\$ 25 00
CITY / STATE	723 geliflower Mazelwood MO 63042	8/15/2004	23 00
EMPLOYER	RJ Ngubert	Hanta. , ,	MONETARY
COMMITTEE		\$ 25	IN-KIND
NAME		<del></del>	
ADDRESS	Missouri Court Reporters Assn PAC		\$ 100 00
CITY / STATE	2270 Buttercup Drive	7/25/2004	*
EMPLOYER	Florissant MO 63033		IZT MONETARY
Z COMMITTEE		\$ 100	IN-KIND
NAME		<u> </u>	
ADDRESS	Mary Wochner 5526 Remington Villast Ct	7.05.55.5	\$ 50.00
CITY / STATE	Saint Louis MO 63129	7/25/2004	
EMPLOYER	Belleville Area Jr College	£ 50	Z MONETARY
COMMITTEE		\$ 50	IN KIND
NAME	331-14-6		
ADDRES\$	Alison Goe 1617 Pennsylvania Ave		\$ 100 00
CITY / STATE	Saint Louis MO 63129	7/25/2004	]
EMPLOYER	Planned Parenthood	\$ 100	MONETARY
COMMITTEE		100	- IN-KIND
NAME	Geri Redden		
ADDRESS	2407 Bellevuo Ave	7/25/2004	\$ 30.00
CITY / STATE	Maplewood MO 63143 sulf employed counsel no		
EMPLOYER		\$ 30	MONETARY
COMMITTEE			☐ IN KIND
NAME	William Svancarek		
ADDRESS	1650 Wolf Trail Rd	7/25/2004	\$ 100 00
CITY / STATE	Wildwood MO 63021 Christian Hospita	AP 33340-44	T MONETARY
EMPLOYER	•	\$ 100	MONETARY IN KIND
LI COMMITTEE NAME			IN NINU
NAME ADDRESS	UFCW Local N 655 Elect Club	(	\$ 300.00
CITY / STATE	300 Weidman Rd	7/27/2004	φ 300 00
EMPLOYER	Ballwin MO 63011		MONETARY
COMMITTEE		\$ 300	IN KIND
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INSTRUCTIONS			
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional apace for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.			
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<u>3. NAME, ADDRESS</u> NAME	AND OCCUPATION (LIST COMMITTEES FIRST)	DAIL	
ADDRESS	Holcim (US) Inc - Ste Genevieve		\$ 300.00
CITY / STATE	2942 US Highway 61	7/27/2004	"
EMPLOYER	Bloomsdale MO 63627		MONETARY
COMMITTEE		\$ 300	IN KIND
NAME			
ADDRESS	Joann Stephan	7 / 7 / 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	\$ 200 00
CITY / STATE	1404 Drayton Ave St Louis MO 63119 Eliot	7/27/2004	
EMPLOYER	Chape1/Administrator	# Bas	Z MONETARY
COMMITTEE		\$ 200	IN KIND
NAME			
ADDRESS	Steve Blown 7624 Carswold Dr	0.44.0004	\$ 300 00
CITY / STATE	Saint Louis MO 63105	8/4/2004	
EMPLOYER	campergn consulting	\$ 300	✓ MONETARY
COMMITTEE		Ψ 300	☐ IN KIND
NAME	n v-lfa	<u> </u>	
ADDRESS	Gary Wolfe 10730 Schuessler Rd	8/4/2004	\$ 100 00
CITY / STATE	Saint Louis MO 63128	0/4/6003	
EMPLOYER	attorney	\$ 100	MONETARY
COMMITTEE			IN KIND
NAME	The Law Offices of Timothy Hogan	1	_
ADDRESS	1505 S Big Bena Blvd	8/4/2004	\$ 300 00
CITY / STATE	Saint Louis MO 63117	9/5/8001	77 4045
EMPLOYER  COMMITTEE		\$ 300	MONETARY
NAME			L IN VINU
ADDRESS	Stephen Lasey		\$ 100 00
CITY / STATE	2444 southwind Meadows Ct Saint Louis MO 67129	8/6/2004	
EMPLOYER	United States Postal Service	<b>C</b>	MONETARY
COMMITTEE		\$ 100	IN KIND
NAME	Name and Bridge		
ADDRESS	Marjorie Baier 1660 Cobblestone Creek		\$ 25 00
CITY / STATE	Florismant WO 63031	8/6/2004	
EMPLOYER	professor	\$ 25	MONETARY
COMMITTEE			IN KIND
NAME	Iron Workers District Council of Saint Douis and Vicinity		_
ADDRESS	3544 Warson Rd	8/6/2004	\$ 25 00
CITY / STATE	Saint Louis NO 63139		771
EMPLOYER		\$ 25	MONETARY
✓ COMMITTEE		<u> </u>	IN KIND
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NAME OF COMMITT		DATE	
ZWEIFEL FOR STA	ATB REPRESENTATIVE	9/1/2004	
INSTRUCTIONS			
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s, name, address Vame	S AND OCCUPATION (LIST COMMITTEES FIRST)	- DATE	
ADDRESS CITY / STATE EMPLOYER	SSM Health Care 477 N Lindberg Blvd Saint Louis MO 63141	8/6/2004  \$ 300	\$ 300 00
COMMITTEE			L IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Charles & Brenda Zweifel 1962 Croftdale Dr Florissant MD 6303) carpenter	8/9/2004  \$ 40	\$ 40 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Heather Masters 20 Thorndell Dr Saint Louis MO 63117 Oncology Sales Associato	B/10/2004 \$ 20	\$ 20 00  MONETARY IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Donald Barnes 516 Clayworth Dr Saint Louis MD 63011 self employed	8/10/2004  \$ 60	\$ 60 00
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	David Robertson 11121 Dak Lake Ct Saint Loui, FO 63146 UM-Saint Louis	8/10/2004 \$ 50	\$ 25 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Rick Johnson for Speaker PO Box 143 High Ridge MO 63049	8/10/2004 \$ 300	\$ 300 00  MONETARY  IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Rick Johnson for Speaker PO Box 143 High Ridge MO 63049	8/10/2004 \$ 300	\$ 300 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	James Sewell 2049 Miverwood Trails Plorissant MO 63031 unemployed	8/10/2004 \$ 40	\$ 40 00
TOTAL ITEMIZED CONTRIBUTIONS  (CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			





NAME OF COMMITT	EE	DATE	
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	O TO A COMMITTEE B AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME	AND OCCUPATION COMMITTEES THAT		
ADDRESS	Group Health Plan		\$ 200 00
CITY / STATE	111 Corporate Office Drive Ste 400	8/10/2004	
EMPLOYER	Earth City MO 63045		MONETARY
COMMITTEE		\$ 200	IN-KIND
NAME		<del></del>	
ADDRESS	Jule Mueller		\$ 25.00
CITY / STATE	1115 Flora Ln	6/11/2004	
EMPLOYER	Florissant MO 63101 Sprinkler-fitter		MONETARY
COMMITTEE		\$ 25	IN KIND
NAME			
ADDRESS	DRIVE for Kansas		\$ 300 00
CITY / STATE	1231 NW Eugene	8/18/2004	
EMPLOYER	Topeka K5 66608	d 300	MONETARY
COMMITTEE		\$ 300	IN KIND
NAME			
ADDRESS	William Schneider 3066 Donnycave Lu	8/19/2004	\$ 20 00
CITY / STATE	Maryland MO 63043	8/18/2004	}
EMPLOYER	retired	\$ 20	MONETARY
COMMITTEE		<b>. . . . . . . . . .</b>	IN KIND
NAME	Mary Lorenzen		
ADDRESS	4253 Gallatin Ln	0./16/2004	\$ 20.00
CITY / STATE	Bridgeton MO 63044	8/18/2004	l <u> </u>
E <u>MP</u> LOYER	retured	\$ 20	MONETARY
COMMITTEE			L_] IN KIND
NAME	Ketherine Egan	<b>!</b>	
ADDRESS	926 Jefferson #107	8/18/2004	\$ 75 00
CITY / STATE	Kansas City MO 64105 Folly Theater Kansas City		T MONETAGY
EMPLOYER		<b>) \$</b> 75	MONETARY IN KIND
COMMITTEE		<del></del>	I IN NINU
NAME	Damon Potter	•	\$ 300.00
ADDRESS CITY / STATE	2585 Lindsay In Florissant MO 63031	8/19/2004	300 00
EMPLOYER	St Louis City Public School D strict	1484 75	MONETARY
COMMITTEE		\$ 300	IN KIND
NAME		<del></del>	
ADORESS	Perry Schneider		\$ 50.00
CITY / STATE	12 De Ville Drive Hazelwood MO 63042	8/19/2004	"
EMPLOYER	retirad	m	MONETARY
COMMITTEE		\$ 100	IN KIND
	O CONTRIBUTIONS		
IUIAL HEMIZE	O CONTRIBUTIONS		<u> </u>
(CARRY	(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)		





NAME OF COMMIT	— <del>-</del>	DATE	
ZWEIFEL FOR ST	ATE REPRESENTATIVE	9/1/2004	
INSTRUCTIONS			
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	·	<del></del>	
	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING TO A COMMITTEE	AGGREGATE TO	(CHECK IF MONETARY
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME			
ADDRESS	Endsley Jone_ 7214 Greenway Ave	241242224	\$ 100 00
CITY / STATE	Saint Louis MO 63130	8/19/2004	
EMPLOYER	UM Saint Louis	d 300	MONETARY
COMMITTEE		\$ 100	IN KIND
NAME			
ADDRESS	Plumbers Local 8 PAC	8/19/2004	\$ 300 00
CITY / STATE	8600 Hillcrest Rd Suite	0/19/2004	1
EMPLOYER	Kansas City MO 64138	\$ 300	MONETARY
COMMITTEE			IN-KIND
NAME	Angel Millikan		# 30.00
ADDRESS	1374 Munters Hollow	8/15/2004	\$ 50.00
CITY / STATE	Eureka MD 53025 Roadway Express		
EMPLOYER	when the transfer of	<b>\$</b> 20	MONETARY
COMMITTEE			IN KIND
NAME ADDRESS	Mel: sa Fitzgeraló		
CITY / STATE	1630 Saddlespur Ln	8/15/2004	\$ 40.00
EMPLOYER	Florisant MO 63033 Pamily Resource Center	****	
COMMITTEE	•	\$ 40	MONETARY
NAME		<del></del>	IN KIND
ADDRESS	Cherie Magueja	,	\$ 20.00
CITY / STATE	1925 Take Ave Saint Louis MO 63114	8/15/2004	20 00
EMPLOYER	Lutheran Family Services	60 carrer man	[] MONETARY
COMMITTEE		\$ 20	IN KIND
NAME			
ADDRESS	Scott Lamar		\$ 20 00
CITY / STATE	2182 Encino Dr	8/15/2004	1
EMPLOYER	Florissant MO 63031 computers	¢ 50	MONETARY
COMMITTEE		\$ 20	IN KIND
NAME	William Egan		
ADDRESS	707 Lamplight In		\$ 100 00
CITY / STATE	Hazelwood MO 53042	8/15/2004	1
EMPLOYER	Altherician	\$ 100	MONETARY
COMMITTEE			in-kind
NAME	Joseph Galli	}	
ADDRESS	1822 Partonage Dr	8/16/2004	\$ 300 00
CITY / STATE	Chesterfield MO 63005 Teamsters Local 688		
EMPLOYER  COMMITTEE		\$ 300	MONETARY
			IN-KIND
TOTAL ITEMIZE	ED CONTRIBUTIONS		
(CARRY	TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTA	CHED PAGES" ON FORM	CD 1)
(3.00			,





NAME OF COMMITTEE DATE 9/1/2004 ZWEIFEL FOR STATE REPRESENTATIVE INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 If further information is needed concerning reporting itemized expenditures, see Form CD 1 instructions ITEMIZED CONTRIBUTIONS RECEIVED DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING (CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN-KIND) DATE NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME Donna Steininger ADDRESS 300 00 1822 Parsonage Dr B/16/2004 CITY / STATE Chesterfield MC retired EMPLOYER. MONETARY 300 ☐ COMMITTEE IN KIND NAME Patrick Raftery ADDRESS \$ 150 00 1724 Foxglove Dr 8/16/2004 CITY / STATE St Charles MO 63303 Teamsters Local 688 **EMPLOYER** MONETARY \$ 150 COMMITTEE IN KIND NAME Brenda Zweilel 50 00 ADDRESS 1962 Croftdale B/15/2004 CITY / STATE Plorisgant MD 63031 reticed EMPLOYER MONETARY \$ 50 ☐ COMMITTEE IN-KIND NAME Kim Besserman ADDRESS 100 00 3805 Salvation Road 8/15/2004 CITY / STATE Florissant MO 63031 Florissant P refighters **EMPLOYER** MONETARY 100 COMMITTEE IN KIND NAME Richard Marks ADDRESS 50 00 2913 Middlebush Court 8/15/2004 CITY / STATE Saint Louis MO 631-9 Toameters Local 682 **EMPLOYER** MONETARY \$ 200 COMMITTEE IN KIND NAME Missouri Union of Law Enforcement ADDRESS 100 00 8/1/2004 5976 Howdershell Rd Surte 109 CITY / STATE Hazelwood MO 63042 **EMPLOYER** MONETARY \$ 300 Z COMMITTEE ] IN-KIND NAME Kenn th Thomas ADDRESS 25 00 211 Centerfield Dr 8/23/2004 CITY / STATE O Pallon MO 63366 UMSL **EMPLOYER** MONETARY \$ 25 COMMITTEE IN-KIND NAME Cary Otten ADDRESS 50 00 2501 J9th St 8/23/2004 CITY / STATE Saint Louis MO 63110 Painters District Council #2 **EMPLOYER** MONETARY S 50 □ COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS --(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)





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zweifel por state representative 9/1/2004			
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	OTO A COMMITTEE  S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME			
ADDRESS	John Hacker 2457 Dunhearth (n		\$ 150 00
CITY / STATE	O Failon MD 63366	8/23/2004	,
EMPLOYER	Teamsters Local 698	¢ ,,,,	MONETARY
COMMITTEE		\$ 150	IN-KIND
NAME			
ADDRESS	Howell Chiropractic Health Center PC	8/23/2004	\$ 100 00
CITY / STATE	490 Howdershell Rd	6/23/2004	
EMPLOYER	Florissant MO 63031	\$ 100	MONETARY
COMMITTEE		<b>4</b> 100	IN-KIND
NAME			200.00
ADDRESS	CHIPP Political Fund	8/23/2004	\$ 300 00
CITY / STATE	1401 Hampton 3rd Floor Saint Louis MO 63139	8/23/2004	
EMPLOYER	Saint boars no 65159	\$ 300	MONETARY
COMMITTEE			IN KIND
NAME ADDRESS	90th Legislativo District Democratic Legislative		\$ 3 000 00
CITY / STATE	Committee	8/23/2004	\$ 3 000 00
EMPLOYER	PO Box 143 High Ridge MO 63049		MONETARY
Z COMMITTEE	- '	\$ 3000	IN KIND
NAME		<del></del>	11 11 NIND
ADDRESS	Diekember Hammond PC	<u> </u>	\$ 300.00
CITY / STATE	7730 Carondelet Suite 200	8/23/2004	300 00
EMPLOYER	Saint Louis MO 63105		MONETARY
COMMITTEE		\$ 300	IN KIND
NAME			
ADDRESS	David balumondier 2452 Wimbledon Estates Or	0/22/2004	\$ 300 00
CITY / STATE	Festus MD 63028	8/23/2004	<b>i</b>
EMPLOYER	Teamsters Local 688	\$ 300	MONETARY
COMMITTEE			IN KIND
NAME	Larry Fister		<b>,</b>
ADDRESS	2 Codar Park Dr	8/23/2004	\$ 20 00
CITY / STATE	Floriscent MD 63031 retured		[ []
EMPLOYER		\$ 20	MONETARY
COMMITTEE		<del>-  </del>	I IN-KIND
NAME ADDRESS	Dealers Interested in Government	Ì	\$ 300 00
CITY / STATE	PO Box 245	8/24/2004	, up 300 00
EMPLOYER	Jefferson City MO 65102	,, ,, ,then,,,	MONETARY
COMMITTEE		\$ 300	IN KIND
	D CONTRIBUTIONS		<del></del>
I THAL HENRE	e coulting uping		<u> </u>
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NAME OF COMMITTEE	DATE	
ZWEIFEL FOR STATE REPRESENTATIVE	9/1/2004	

#### INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1

If further information is needed concerning reporting itemized expenditures. see Form CD 1 instructions			
FROM COMMITTI MORE THAN \$10 3 NAME, ADDRESS	RIBUTIONS RECEIVED  EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING  TO A COMMITTEE  AND OCCUPATION (LIST COMMITTEES FIRST)	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Motor Carrier Public Affairs PO Box 89 Eldon MO 65102	8/24/2004  \$ 300	\$ 300 00  MONETARY IN KIND
NAME ADORESS CITY / STATE EMPLOYER COMMITTEE	Terry Schleimeler 211 E Capitol Ave Jefterlon City MO 6510 lobbyist	8/24/2004  \$ 120 99	\$ 120 99  MONETARY IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Steve Sonnenberg 2912 SE 5th PL Cape Corel 11 33904 rotiled	8/25/2004 \$ 200	\$ 100 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER  Z COMMITTEE	St Louis Area Realtors PAC 12777 Olive Blvd St Louis MO 63141	8/25/2004 	\$ 300 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Midwest Petroleum Co 6760 Southwest Ave Saint Louis MO 63143	B/25/2004 \$ 250	\$ 250 00
NAME ADDRESS CITY / STATE EMPLOYER  COMMITTEE	Friends of Vicky Wilson PO Box 957 Columbia MO 63143	8/25/2004 \$ 300	\$ 300 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER  COMMITTEE	Northwest Township Democratic Club 1570 Ville Angela Ln Hazelwood MO 63042	8/25/2004 \$ 300	\$ 300 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER  Z COMMITTEE	22nd Senetorial Democratic Committee 1952 Birchwood Dr Barnhart MO 63012	8/27/2004  \$ 1500	\$ 1 500 00  MONETARY IN KIND
TOTAL ITEMIZED CONTRIBUTIONS  (CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			





NAME OF COMMIT	rcc		<b>新山山市</b>
· <del>-</del> · · · ·	TE REPRESENTATIVE	DATE	
		9/1/2004	
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If further informa	ition is needed concerning reporting itemized expenditures. see Form Cl	D 1 Instructions	
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	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	DATE RECEIVED	1
	0 TO A COMMITTEE	AGGREGATE TO	(CHECK IF MONETARY
NAME, ADDRES!	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME	Min and Barrier Mariana		
ADDRESS	Missouri Beer Wholesalers Association	8/27/2004	[ \$ 200 00
CITY / STATE	11116 South Towne Square Suite 306 Saint Louis MO 63123	5/2//2004	_
EMPLOYER	Date Douts no 03223	\$ 200	MONETARY
COMMITTEE			☐ IN KIND
NAME			
ADDRESS	HealthLink	8/27/2004	\$ 300 00
CITY / STATE	12443 Olive Bllvd		1
MPLOYER.	Saint Louis MO 63141	\$ 300	MONETARY
COMMITTEE		\$ 300	IN KIND
NAME	h		
ADDRESS	Ameren UE PAC	0/27/2004	\$ 300 00
CITY / STATE	PO Box 780	8/27/2004	l <u> </u>
EMPLOYER	Jefferson City MO 65102	\$ 300	MONETARY
COMMITTEE		300	IN KIND
NAME	United Steel Workers of Americs Local 169 USWA/ABO 169		]
ADDRESS	PAC	8/27/2004	\$ 100 00
CITY / STATE	1850 E Division Street	3,2.,255	<u></u>
EMPLOYER	Springfield MO 65803	\$ 100	MONETARY
COMMITTEE			☐ IN KIND
VAME	Teamsters 245 PAF		1 -
ADDRESS	1850 E Division Street	8/27/2004	\$ 300 00
CITY / STATE	Springfield MO 658030	6/21/2004	L
EMPLOYER	22-4-13-13-13-13-13-13-13-13-13-13-13-13-13-	\$ 300	MONETARY
COMMITTEE			IN KIND
NAME	Isle of Capri Casino		_
ADDRESS	1641 Fopps Ferry Rd Sulte B	B/31/2004	\$ 250 00
CITY / STATE EMPLOYER	Biloxi MS 39532	old blassing or services	IZI varazioni
· · · · · ·		\$ 250	MONETARY
COMMITTEE			L IN-KIND
NAME	Pipefitters Local Union 533 Voluntary PAC		
ADDRESS	8600 Hillcrest Rd Suite 2	8/31/2004	\$ 300.00
CITY / STATE EMPLOYER	Kansas City MO 64138	B1 3 4 / B 0 0 4	
COMMITTEE	_	\$ 300	MONETARY
NAME			I IN-KIND
NAME NDDRESS	Lisa Schulte	<b>\$</b>	<b>C</b> 40.00
CITY / STATE	100 Sensomet Dr Floriesant MO 63031	8/31/2004	\$ 40.00
EMPLOYER	Leacher		MONETARY
COMMITTEE		\$ 40	IN-KIND
		1	
TOTAL ITEMIZE	D CONTRIBUTIONS		
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			





NAME OF COMMITTEE DATE ZWEIFEL FOR STATE REPRESENTATIVE 9/1/2004 INSTRUCTIONS PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed Total all Itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1 if further information is needed concerning reporting itemized expenditures, see Form CD 1 instructions TTEMIZED CONTRIBUTIONS RECEIVED DATE RECEIVED 5 AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING CHECK IF MONETARY AGGREGATE TO MORE THAN \$100 TO A COMMITTEE OR IN-KIND) DATE NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME Julia Lamborn 125 00 \$ ADDRESS 753 Lamplight En 7/25/2004 CITY / STATE Hazelwood NO 63042 Missourians for Single Payer Healthcoro Reform **EMPLOYER** MONETARY \$ 125 COMMITTEE IN-KIND NAME James Ward 50 00 **ADDRESS** 678 Green Hodge Dr 7/25/2004 CITY / STATE Penton MO 63025 teacher **EMPLOYER** MONETARY \$ 50 IN-KIND COMMITTEE NAME Albert & Diann Valenti 300 00 \$ ADDRESS 611 Sappington Brk. Saint Louis MO 63125 7/25/2004 CITY / STATE Jeffreson County Auto Parts EMPLOYER MONETARY \$ 300 COMMITTEE IN KIND NAME Susan Ritter ADDRESS 50 00 7111 Nashville Ave 7/25/2004 CITY / STATE Saint Louis MO 63 17 nomemaker MONETARY EMPLOYER \$ 50 IN-KIND COMMITTEE NAME Brandi Barfield **ADDRESS** \$ 30 00 /424 Wise Ave 7/25/2004 Richmond MO 63117 CITY / STATE teacher MONETARY **EMPLOYER** \$ 30 IN KIND COMMITTEE NAME LVON Burkhart 150 00 ADDRESS 6 Darwin Ct 7/25/2004 Plorissant MO 63033 CITY / STATE Ferguson-Florissant school District EMPLOYER MONETARY \$ 150 COMMITTEE IN KIND NAME Margaret Donnelly **ADDRESS** S 100 00 58 Lake Forest Drive 7/25/2004 CITY / STATE Saint Louis MO 63117 EMPLOYER MONETARY S 100 COMMITTEE IN KIND NAME Flotcher Calder S 100 00 ADDRESS 816 Grove St Alcon IL 62002 7/25/2004 CITY / STATE self-employed MONETARY EMPLOYER \$ 100 COMMITTEE IN KIND TOTAL ITEMIZED CONTRIBUTIONS \_\_ (CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD-1)





NAME OF COMMITT	EE	DATE	
ZWEIFEL FOR STA	NIC REPRESENTATIVE	9/1/2004	
INSTRUCTIONS			
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Form CD 1	contributions at the bottom of the page and carry to item 7 (Subtotal Item		ny Attached Pages) on
If further informat	tion is needed concerning reporting itemized expenditures, see Form CD	1 Instructions	
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	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING  TO A COMMITTEE	AGGREGATE TO	(CHECK IF MONETARY
	AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME			
ADDRESS	Mim; Signor 10 Westridge Ct	8/31/2004	\$ 25 00
CITY / STATE	Saint Louis MC 63124 Barnes Jewish Hospital		
EMPLOYER	SELUGA CAMIBU MOSPICET	\$ 25	MONETARY
COMMITTEE			IN-KIND
NAME	Pf <sub>1</sub> zer		\$ 150 00
ADDRESS CITY/STATE	7300 W 110th St 7th Floor	8/31/2004	ן אַט דביז אַט     ביי דיי אַט אַר
EMPLOYER	Overland KS 66210	***************************************	MONETARY
COMMITTEE		\$ 150	IN KIND
NAME			
ADDRESS	Kari Kottomann 1808 Chelmsford Ct	7 (22 (2004	\$ 25 00
CITY / STATE	St tours no 63146	7/23/2004	
EMPLOYER	University of Missouri Saint Louis	\$ 25	MONETARY
COMMITTEE			IN KIND
NAME	Operating Engineers Local 148 Missouri PAC		\$ 300 00
ADDRESS CITY / STATE	148 Wilma Drive	7/23/2004	\$ 300 00
EMPLOYER	Maryville MO 62062		[] MONETARY
COMMITTEE		\$ 300	in KIND
NAME			
ADDRESS	Michelle Trupieno 1123 A Bouth Taylor	F (DF (0004	\$ 30 00
CITY / STATE	Saint Louis MO 63 10	7/25/2004	
EMPLOYER	Planued Parenthood	\$ 30	MONETARY
COMMITTEE			IN KIND
NAME	Patrick Right		\$ 30.00
ADDRESS CITY / STATE	3728 Robert Saint Louis MO 63116	7/25/2004	30 00
EMPLOYER	Floriagant Ferguson School District		MONETARY
COMMITTEE		\$ 30	IN KIND
NAME	Manager & Miles and Service		
ADDRESS	Kriston & Michael Geon 5644 Meosho Stroct	* ** ***	\$ 50 00
CITY / STATE	Saint Couls NO 63109 Risevice	7/25/2004	\
EMPLOYER		\$ 150	MONETARY
COMMITTEE			L IN KIND
NAME	Martha Tyeon		200.00
ADDRESS CITY / STATE	6523 polphin Circle East Florissant MD 63033	7/25/2004	\$ 200 00
CITY / STATE EMPLOYER	teritad		MONETARY
COMMITTEE		\$ 200	IN-KIND
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IOINE IIEMEE	A ARITHMA HAIR		
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MORE THAN \$100	TO A COMMITTEE	AGGREGATE TO	(CHECK IF MONETARY OR IN KIND)
	AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN KIND)
NAME	John Hirkey		
ADDRESS	532 Naton Ave	7/25/2004	\$ 100.00
CITY / STATE	Saint Louis MD 63119	7/23/2004	
EMPLOYER	Missouri Pro Vote	\$ 200	MONETARY
COMMITTEE		<b>y</b> 200	IN-KIND
NAME			
ADDRESS	Mae hariman 2235 E Humes Ln	7 (27 /2004	\$ 50.00
CITY / STATE	Florisaant MD 63033	7/27/2004	,
EMPLOYER	retiled		MONETARY
COMMITTEE	1	\$ 50	in KIND
NAME			
ADDRESS	Brown & Associates		\$ 300 00
CITY / STATE	232 N Kingshighway Blvd Ste 202	7/27/2004	Ť
EMPLOYER	Saint Louis MO		MONETARY
COMMITTEE		\$ 300	IN KIND
NAME		<b>—</b>	
ADDRESS	DL Theime		\$ 300 00
CITY / STATE	1559 Voltaire Dr Saint Louis NO 63146	7/27/2004	
EMPLOYER	teacher		[7] MONETARY
COMMITTEE		\$ 300	IN KIND
NAME		<del></del>	
ADDRESS	Planned Parenthood Votes Saint Louis		\$ 150.00
CITY / STATE	4251 Forest Park Ave	7/28/2004	<b>3</b> 150 00
EMPLOYER	Sairt Louis MO 63146		MONETARY
COMMITTEE	T.	\$ 150	IN-KIND
NAME		<del> </del>	
ADDRESS	James Kuhn		\$ 20 00
CITY / STATE	605 N Lindbergh Florissant MO 63031	7/28/2004	40 40 10
EMPLOYER	Floriesint Animal Hospital	" HILL!	MONETARY
COMMITTEE		\$ 20	IN-KIND
NAME	1	<del></del>	[] H4-1/H10
ADDRESS	Dale Devino		\$ 40.00
CITY / STATE	1110 Plordawn Dr Florissant MO 53031	7/28/2004	\$ 40.00
EMPLOYER	retired	***************************************	MONETARY
		\$ 40	IN KIND
COMMITTEE		<del></del>	C IN KINU
NAME ADDESS	Sherri Talbott		\$ 25.00
ADDRESS	6113 Queons Ct	7/29/2004	\$ 25 00
CITY / STATE	House Springs MO 63051 Missouri NEA	HAMM **	
EMPLOYER		\$ 25	MONETARY
COMMITTEE			IN-KIND
TOTAL ITEMIZE	D CONTRIBUTIONS		
/01B***	TO ITEM 4. CUSTOTAL. (TCIATED DALWHININGS) PROM. 1114 - T	UED DAGED AN EARLY CE	<u> </u>
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	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING		(CHECK IF MONETARY
	O TO A COMMITTEE	AGGREGATE TO	OR IN-KIND)
3. NAME, ADDRESS NAME	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
_	Terri Coburn		\$ 25 00
ADDRESS	818 Victoria Place	7/29/2004	3 23 00
CITY / STATE EMPLOYER	Saint Louis MO 63122 Missouri NEA		J MONETARY
COMMITTEE		\$ 25	
		<del></del>	L IN-KIND
NAME ADDRESS	Teamsters Joint Council 13 DRIVE PAC		\$ 300.00
CITY / STATE	9041 Riverview Dr	7/29/2004	300 00
EMPLOYER	Saint Louis MO 63137	***************************************	MONETARY
COMMITTEE		\$ 300	IN KIND
NAME			
ADDRESS	St Joseph Riverboat Parnters	ľ	<b>\$</b> 150 00
CITY / STATE	777 Winners Circle	7/29/2004	*
EMPLOYER	Saint Joseph MO 64505		[7] MONETARY
COMMITTEE	•	\$ 150	IN KIND
NAME			
ADDRESS	Mark Twain Casino LLC		\$ 150 00
CITY / STATE	104 Pierce St	7/29/2004	• 150 00
EMPLOYER	La Grange MO 63468		MONETARY
COMMITTEE		\$ 150	IN KIND
NAME			
ADDRESS	HBAM PAC		\$ 200 00
CITY / STATE	215 E Capitol AVe	7/29/2004	
EMPLOYER	Jefferson City MO 65101		[7] MONETARY
Z COMMITTEE		\$ 200	IN KIND
NAME			
ADDRESS	Cathy Burdick 215 E Capitol Avo	m / n n / n n A 4	\$ 200 00
CITY / STATE	Jefterson City NO 6510	7/29/2004	[
EMPLOYER	C THA	¢	MONETARY
COMMITTEE		\$ 200	IN-KIND
NAME	mark mark at		
ADDRESS	Keith Burdick 215 F Capitol Ave		\$ 200 00
CITY / STATE	Jefferson City MO 65101	7/29/2004	
EMPLOYER	CITMA	\$ 200	MONETARY
COMMITTEE		- Z00	IN KIND
NAME			_
ADDRESS	Health Care Leadership Committee State Account	7/29/2004	\$ 100 00
CITY / STATE	11648 Gravoid Rd Ste 235 Saint Louis MO 63126	7/29/2009	
EMPLOYER	Propert Agent	\$ 250	MONETARY
Z COMMITTEE			☐ IN KIND
TOTAL ITEMIZE	ED CONTRIBUTIONS		
(CARRY	TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTA	CHED PAGES ON FORM CD	1)





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CITY / STATE		8/31/2004		
EMPLOYER	St Charles MO 63304	¢ 200	MONETARY	
COMMITTEE		\$ 200	IN-KIND	
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ADDRESS			\$ 20 00	
CITY / STATE	Hazelwood NO 63042	7/31/2004		
EMPLOYER	rotired	¢ 20	MONETARY	
COMMITTEE		Ψ 40	IN-KIND	
NAME	B			
ADDRESS		9/1/2004	\$ 200 00	
CITY / STATE	Sairt Louis MO 63104	0/1/2003	<b> </b>	
EMPLOYER	Fox Calvin Law Firm	\$ 200	MONETARY	
		Ψ 400	IN-KIND	
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ADDRESS		B/1/2004	\$ 300 00	
CITY / STATE		0/1/4009	<b> </b>	
EMPLOYER	Manager Transport	\$ 300	I ==	
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EMPLOYER		2674 2000/*	MONETARY	
		\$ 20		
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NAME ADDRESS			25.00	
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EMPLOYER			MONETARY	
		\$ 25		
NAME				
ADDRESS	Scott Hill	· į	( 25 nn	
CITY / STATE		B/4/2004	<b>y</b> 23 00	
EMPLOYER	Harvester MO 63304 Teamsters Local 682		DO MONETARY	
COMMITTEE		\$ 25	IN KIND	
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(CARRY	TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTAC	HED PACES ON FORM CD	1)	



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INSTRUCTION			
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NAME	The state of the s		<del>                                     </del>
ADDRESS	United Transportation Union PAC		\$ 300 00
CITY / STATE	222 A Madison St	8/4/2004	•
EMPLOYER	Jefferson City MO 65101	H44. 111	MONETARY
Z COMMITTEE		\$ 300	IN-KIND
NAME			
ADDRESS	Branch 343 National Assoc ation of Letter Carriers PAF 2225 Blendon	8/11/2004	\$ 200 00
CITY / STATE	Saint Louis MO 53148	0/11/2004	
EMPLOYER		\$ 200	MONETARY
COMMITTEE		Ψ 200	IN KIND
NAME	Glaziers Local Union 513 PAC		
ADDRESS CITY / STATE	5916 Wilson Ave	8/14/2004	\$ 150 00
EMPLOYER	Saint Louis MO 63110		
(Z) COMMITTEE		\$ 250	MONETARY
NAME		<del></del>	L IN-KIND
ADDRESS	Electrical Workers Voluntary Political Education and		\$ 300.00
CITY / STATE	Legialative Funds 5850 Flizabeth Ave	8/14/2004	\$ 300 00
EMPLOYER	Sain Louis MO 63110		Z MONETARY
Z COMMITTEE		\$ 300	IN-KIND
NAME	A		שרווויריו
ADDRESS	Eastern Missour: Taborers Educational and Senevolent		\$ 300.00
CITY / STATE	3450 Hollenberg Dr	8/14/2004	300 00

Bridgeton MO 63044 EMPLOYER MONETARY \$ 300 Z COMMITTEE IN KIND NAME Brotherhood of Locomotive Engineers PAC Fund ADDRESS \$ 300 00 1934 Windriver Drive 8/14/2004 CITY / STATE Jefferson Caty MO 65101 EMPLOYER **MONETARY** \$ 300 COMMITTEE IN-KIND NAME Carol Stroker **ADDRESS** 527 NO11day Ave Hazelwood MO 63042 20 00 8/15/2004 CITY / STATE seli employed realtor EMPLOYER MONETARY \$ 50 COMMITTEE IN KIND NAME Gerald & Mary Kappouff ADDRESS 10 00 3635 Seville Dr 8/15/2004 CITY / STATE Plorissant MD 63033 retired **EMPLOYER** MONETARY \$ 10 COMMITTEE IN-KIND TOTAL ITEMIZED CONTRIBUTIONS --(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



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NAME OF COMMITTEE	DATE	<u> </u>
ZWEIFEL FOR STATE REPRESENTATIVE	9/1/2004	
INSTRUCTIONS		
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CITY/STATE Gerald MO 63037	8/15/2004	<b>y</b> 33 33
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# MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE INSTRUCTIONS ON REVERSE SIDE

INSTRUCTIONS ON REVERSE SIDE 1 NAME OF COMMITTEE 2 REPORT DATE ZWEIFEL POR STATE REPRESENTATIVE 9/1/2004 **EXPENDITURES OF \$100 OR LESS BY CATEGORY** 4 AMOUNT PAID OR (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW) **INCURRED THIS PERIOD** 3 CATEGORY OF EXPENDITURE Volunteer Food & Supplies S 94 53 \$ 5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4) 94 53 6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES + \$ 0 00 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6) 94 53 10 PURPOSE (IF **ITEMIZED EXPENDITURES ALL OVER \$100** PAYMENT WAS TO A AND ALL PAYMENTS TO CAMPAIGN WORKERS 9 DATE 11 AMOUNT THIS PERIOD CAMPAIGN WORKER, SHOW 8 NAME AND ADDRESS OF RECIPIENT AGGREGATE PAID) NAME ADDRESS PAID CITY / STATE \$ INCURRED NAME ADDRESS View Supplemental Form(s) PAID CITY / STATE INCURRED NAME S **ADDRESS** PAID CITY / STATE \$ INCURRED NAME ADDRESS PAID CITY / STATE **INCURRED** NAME ADDRESS PAID CITY / STATE INCURRED 12 SUBTOTAL THIS PAGE (SUM COLUMN 11) 0 00 13 SUBTOTAL ANY ATTACHED PAGES +\$ 11,348 71 14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13) \$ 11 348 71 15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14) S 11,443 24 16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD \$ 11,443 24 17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD \$ 18 IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD LIST AMOUNT 0 00 19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B) S 0 00 MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) 21 DATE 22 AMOUNT 20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE NAME Friend, of Clairs McCaskill 8780 Manchester Road ADDRESS PO Box 6771 8/15/2004 CITY/STATE Brentwood Nissouri 63144 1 200 00 \$ NAME **ADDRESS** \$ CITY / STATE NAME ADDRESS CITY / STATE 23 SUBTOTAL THIS PAGE (SUM COLUMN 22) 1,200 00 24 SUBTOTAL ANY ATTACHED PAGES + \$ 0 00 25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24) \$ 1 200 00 26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT \$ 0 00 27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26) \$ 1,200 00 28 IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT 0 00



### MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

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NAME OF COM ZWEIFEL FOR	MITTEE  STATE REPRESENTATIVE	-	REPORT DATE 9/1/2004	
LIA CHA CA CHA BMAN	ED EXPENDITURES ALL OVER \$100 PAYMENTS TO CAMPAIGN WORKERS DRESS OF RECIPIENT	DATE	PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME ADDRESS CITY / STATE	Office Depot 12542 St Charles Rock Rd Bridgeton MO 63044	7/29/2004	Office Supplies \$ 0 00	PAID 19 12 INCURRED
NAME AODRESS CITY / STATE	Corey Schaaf 149 F Cumborland Park Ballwin MO 63011	7/30/2004	printing design 0 00	\$ 233 75 PAID 233 75 INCURRED
NAME ADDRESS CITY/STATE	Melissa Threadgili 3330 Cherry Valley Rd Allegam, NY 14706	7/30/2004	campaign consul	PAID 2 200 00
NAME ADDRESS CITY / STATE	Brandon Fuhr 548 Queen Anns Ct Hazelwood MO 63042	7/30/2004	gas reimburseme	PAID 50 00
NAME ADDRESS CITY / STATE	Dell Computers PO Box 6403 Carol Stream IL 60197	B/2/2004	printer ink \$ 0 00	PAID 72 96 INCURRED
NAME ADDRESS CITY / STATE	Schnuks Shackleford Florissant MO 63031	8/3/2004	food for volunt	PAID 44 29
NAME ADDRESS CITY / STATE	Fortell # Pizza 2782 N Lindbergh Florissant MO 63033	8/3/2004	food for volunt \$ 0 00	PAID 74 90
NAME ADDRESS CITY / STATE	United States Post Office Carr Station Florissant MO 63031	8/13/2004	postage \$ 0 00	PAID 830 DD INCURRED
NAME ADDRESS CITY / STATE	Office Depot 12452 st Charles Rock Rd Bridgeton MO 63044	8/14/2004	office supplies	\$ PAID 76 36 INCURRED
NAME ADDRESS CITY / STATE	Steinlind Embroidery 550 Bracken Ave Las Vegzs NV B9104	8/15/2004	campaign shirts	PAID 155 00
NAME ADDRESS CITY/STATE	Schnuks Shackleford Florissant MO 63031	8/15/2004	food for party	PAID 11 78
NAME ADDRESS CITY / STATE	Gus s Pretzels 1820 Arsenal Ave Saint Louis MO 63118	8/15/2004	food for party \$ 0 00	\$ PAID 80 23
NAME ADDRESS CITY / STATE	Ted Drew s South Grand Saint Louis MO	8/15/2004	food for party \$ 0 00	PAID 44 97
NAME ADDRESS CITY / STATE	Midway Carnival Supplies 11434 St Charles Rock Rd Bridgeton MD 63044	8/15/2004	party decoratio	\$ PAID 30 21 INCURRED
NAME ADDRESS CITY / STATE	Clint Zweifel 1960 Acorn Trail Dr Florissant MO 63031	8/15/2004	reimbursements \$ 0 00	PAID 355 00 INCURRED
	MIZED EXPENDITURES ALL OVER \$100 AND ALL F ARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PA		WORKERS	s



### MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

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	STATE REPRESENTATIVE		9/1/2004	
	ED EXPENDITURES ALL OVER \$100		PURPOSE (IF PAYMENT WAS TO A CAMPAIGN	
· ·	. PAYMENTS TO CAMPAIGN WORKERS	DATE	WORKER SHOW	AMOUNT THIS PERIOD
NAME AND AD	DRESS OF RECIPIENT		AGGREGATE PAID)	\$
_	Cingular Wireless Post Office Box 65055		phone	PAID 100 00
ADDRESS CITY / STATE	Dallas Texas 75265	8/16/2004	\$ 0.00	
NAME				
ADDRESS	Strategic Services 499 South Capitol St SW	8/18/2004	poll	\$ PAID 6 500 00
CITY / STATE	Ste 510 Washington DC 20003	0/10/2004	\$ 0.00	
NAME		<del>-  </del>		t incorred
ADDRESS	5BC PO Box 930170	8/18/2004	phones	PAID 470 14
CITY / STATE	Dallas TX 75393	0,10,200	\$ 0.00	<del></del>
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### MISSOURI ETHICS COMMISSION INDEPENDENT CONTRACTOR EXPENDITURE

INSTRUCTIONS ON REVERSE SIDE



NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTA	DATE 9/1/2004			
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DAYE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMQUNT PAID
Melissa Threadglil 3330 Cherry Valley Rd Allegany NY 14706	7/30/2004	general campaign consulting	\$ 0.00	s 2 200 00
Strategic Services 499 South Capitol 5t SW Ste 510 Washington DC 20003	8/18/2004	polling	\$ 0.00	
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1 DATE OF REPORT	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE			:			
2 FULL NAME OF COMMITTEE						
ZWEIFFL POR STATE REPRESENTATIVE						
3 COMMITTEE MAILING ADDRESS			4 COMMITTEE TELEPHONE	NUMBER		
1960 ALORN FRAIL DFIVE						
CITY / STATE / ZIP			[314] 972 1990			
FLORISSANT MO 63031						
5 TREASURER'S NAME						
JANICE SMITH						
6 TREASURER'S MAILING ADDRESS			7 TREASURER'S TELEPHO	NE NUMBER		
1960 ACORN TRAIL DRIVE			HOME (314) 972 1990			
CITY / STATE / ZIP			WORK (314) 731-3969			
FLORISSANT MO 63031						
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9 DEPUTY TREASURER'S MAILING ADDRESS			10 DEPUTY TREASURERS	ELEPHONE NUMBER		
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1960 ACORN TRAIL FLORISSANT MO 63031		☐ Jan 15 ☐ Apr 15 ☐ Jul 15 ☐ Oct 15 ☐ 8 DAYS BEFORE				
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18 COMMITTEE TREASURER'S SIGNATURE		17 CANDIDATES	IGNATURE (CANDIDATE CO			
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TREASURER S SIGNATURE		CANDIDAT	ES SIGNATURE			



## Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

ZWEIFEL FOR STATE REPRESENTATIVE

DATE OF REPORT

7/26/200



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	24		\$ 0.00								

FORM CD1



# MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED

INSTRUCTIONS ON REVERSE SIDE NAME OF COMMITTEE 2 REPORT DATE ZWEIFEL FOR STATE REPRESENTATIVE 7/26/2004 A ITEMIZED CONTRIBUTIONS RECEIVED 4 DATE RECEIVED AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING (CHECK IF AGGREGATE TO MORE THAN \$100 TO A COMMITTEE MONETARY NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) DATE OR IN-KIND) NAME ADDRESS \$ CITY / STATE View Supplemental Form(s) EMPLOYER MONETARY \$ COMMITTEE IN-KIND NAME ADDRESS CITY / STATE **EMPLOYER** MONETARY \$ ☐ COMMITTEE IN-KIND NAME **ADDRESS** \$ CITY / STATE **EMPLOYER** MONETARY S COMMITTEE IN KIND NAME **ADDRESS** \$ CITY / STATE MONETARY **EMPLOYER** \$ COMMITTEE IN KIND NAME \$ **ADDRESS** CITY / STATE **EMPLOYER** MONETARY \$ COMMITTEE IN-KIND 6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5) 0 00 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES +\$ 6 700 00 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) 6 700 00 AMOUNT OF ITEM 6 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS 6 700 00 10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS 0 00 AMOUNT NON-ITEMIZED CONTRIBUTIONS RECEIVED R (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS) RECEIVED 11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED INLINE 8 ON FORM CD1A \$ 0 00 12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS \$ 0 00 13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS \$ 0 00 14 TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS 000 17 AMOUNT OF LOAN C LOANS RECEIVED DATE HE MORE YHAN \$100 15 NAME AND ADDRESS OF LENDER RECEIVED ATTACH CD 18) NAME **ADDRESS** CITY / STATE NAME **ADDRESS** CITY / STATE 18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17) \$ 0 0 0 \$ 19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES 0 00 20 TOTAL LOANS THIS PERIOD (SUM 18 + 19) 0 00 TOTAL ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) S 0.00 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13) \$ 6,700 00 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20) 6 700 00





NAME OF COMMIT	ATE REPRESENTATIVE	DATE 7/26/2004				
	<b>1</b>	7/26/2004				
INSTRUCTIONS						
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.  Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on						
Form CD 1						
If further informs	ation is needed concerning reporting itemized expenditures. see Form C	D-1 Instructions				
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED			
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	O TO A COMMITTEE	AGGREGATE TO	(CHECK IF MONETARY OR IN-KIND)			
	S AND OCCUPATION(LIST COMMITTEES FIRST)	DATE				
NAME	Stey n Roth					
ADDRESS	153. Gerard Park	7/7/2004	\$ 150 00			
CITY / STATE	Hazelwood MD 63042	17.72004				
EMPLOYER	Elnaric vol/computers	\$ 150	MONETARY			
COMMITTEE	<u> </u>	Ψ 130	☐ IN KIND			
NAME						
ADDRESS	Aerospace Lodge 837 IAMAW PAC	7.77.12004	\$ 300 00			
CITY / STATE	212 Utz Ln	7/7/2004				
EMPLOYER	Hazelwood MO 63042		MONETARY			
Z COMMITTEE	ı	\$ 300	IN KIND			
NAME						
ADDRESS	Ann Jteele		\$ 50 00			
CITY / STATE	1022. St Dennis St Ann MO 63074	7/9/2004	1 *			
EMPLOYER	retared	101111 005111 111444	MONETARY			
COMMITTEE		\$ 50	IN KIND			
NAME						
ADDRESS	Carof Stroker		\$ 30.00			
CITY / STATE	527 Ho Eday Ave	7/11/2004	30 00			
EMPLOYER	Hazelwobd NO 53042 sel! employed realtor	#W	TO MONETARY			
COMMITTEE	, -	\$ 30	MONETARY IN-KIND			
NAME		<del>-</del>	IN-KIND			
	Kay Cabbert					
ADDRESS	1408 N Kingshighway Suite 300	7/12/2004	\$ 30 00			
CITY / STATE	St louis MO 60113 Roberts Companies	., 12, 2001				
EMPLOYER		\$ 30	MONETARY			
COMMITTEE			L_J IN KIND			
NAME	Denis 6 Linda Watson		_			
ADDRESS	7419 Foxtrot	7/14/2004	\$ 50 00			
CITY / STATE	Hazelwood NO 63042 Systems: & Electronics Inc	.,				
EMPLOYER	1	\$ 50	MONETARY			
COMMITTEE	<u> </u>	30	IN KIND			
NAME	Ends] by Jones					
ADDRESS	7214 Greenway Ave	5 /4 / 10004	\$ 100 00			
CITY / STATE	St Louis MO 63130	7/14/2004	1			
EMPLOYER	University of Missouri SL	\$ 300	MONETARY			
COMMITTEE		<b>300</b>	☐ IN KIND			
NAME	P314 P.					
ADDRESS	Ella Beitinger 1506 Mibelbeippi Ave	7/14/2004	\$ 50.00			
CITY / STATE	St Louis MO 63104	7/14/2004	1			
EMPLOYER	retired	ф <sub>Б</sub>	MONETARY			
COMMITTEE	ı	\$ 50	IN-KIND			
TOTAL ITEMIZED CONTRIBUTIONS						
(CARRY	(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)					





NAME OF COMMITT	EE	DATE		
ZWEIFEL FOR STA	ate representative	7/26/2004		
INSTRUCTIONS				
PURPOSE The	surpose of the Contributions Received supplement is to provide a printed	outline for attaching addits	onal pages to Form CD1	
	scelved) This form should be used as additional space for reporting pers butions. This form may be reproduced as needed.	ions contributing more than	\$100 and for	
	contributions at the bottom of the page and carry to item 7 (Subtotal lite	mized Contributions From A	Any Attached Pages) on	
Form CD 1			,	
If further informa	tion is needed concerning reporting itemized expenditures. see Form CD-	-1 Instructions		
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	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY	
	O TO A COMMITTEE BAND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)	
NAME	A NEW YORK TO TO COMMITTEES THAT			
ADDRESS	Iron Worker Local 396 Voluntary Fund		\$ 300.00	
CITY / STATE	2500 South 59th Street	7/14/2004	*	
EMPLOYER	St Louis MO 63110	<b></b>	MONETARY	
COMMITTEE		\$ 300	IN KIND	
NAME		<del></del>		
ADDRESS	Bricklayers Local No 1 of Missouri Truth Committee		\$ 100 00	
CITY / STATE	2000 Market Street	7/14/2004		
EMPLOYER	St Louis MO 63103		[27] MONETARY	
Z COMMITTEE		\$ 100	in KIND	
NAME				
ADDRESS	Missouri AFL-CIO COPE	1	<b>[ \$</b> 300 00	
CITY / STATE	208 Madison Street	7/14/2004	Į ,	
EMPLOYER	Jefferson City MO 65101	<b>A</b>	MONETARY	
Z COMMITTEE		\$ 300	I IN-KIND	
NAME				
ADDRESS	Grey Eagle Distributors Inc		\$ 200 00	
CITY / STATE	2340 Millpark Drive	7/15/2004	•	
EMPLOYER	Maryland Heights MO 63043		MONETARY	
COMMITTEE		\$ 200	IN-KIND	
NAME				
ADDRESS	Fraser for State Representative		\$ 200 00	
CITY / STATE	581 Stratford Ave	7/15/2004	200 00	
EMPLOYER	St Louis MO 63130	<b>d</b>	[] MONETARY	
Z COMMITTEE		\$ 200	I IN-KIND	
NAME				
ADDRESS	Marvin Boisseau 8701 Delmar 4D		\$ 60 00	
CITY / STATE	St Louis MO 63124	7/17/2004	1	
EMPLOYER	retired	A	MONETARY	
COMMITTEE		\$ 60	IN KIND	
NAME				
ADDRESS	Heather Reiter		\$ 50.00	
CITY / STATE	657 Woodchuck Ln	7/17/2004	• 30 00	
EMPLOYER	Lake St Louis MO 63367		MONETARY	
COMMITTEE		\$ 50	IN-KIND	
NAME			1	
ADDRESS	Gas Workers Local5-6 Voluntary Political Action Committee 7750 Olive Boulevard	7/10/2004	\$ 100 00	
CITY / STATE	St Doule NO 63130	7/19/2004	•	
EMPLOYER		<u> </u>	MONETARY	
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(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)				





NAME OF COMMIT	lee ATB représentative	DATE 7/26/2004	<del></del>			
		7/26/2004				
INSTRUCTIONS		<u> </u>				
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.						
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	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING TO A COMMITTEE	AGGREGATE TO	(CHECK IF MONETARY			
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN KIND)			
NAME						
ADDRESS	Chorler & Barbara Kueh. 9332 Racquet Dr ve	7/1/2004	\$ 50.00			
CITY / STATE	St Louis NO 63121	7/1/2004	-			
EMPLOYER	Retired	\$ 100	MONETARY			
COMMITTEE		\$ 100	IN KIND			
NAME						
ADDRESS	Boverly & Milton Powel. 444 Briarwyck Drivo	7/3/2004	\$ 50.00			
CITY / STATE	Ballwin MC 53011	1/3/2004				
EMPLOYER	retired	\$ 75	MONETARY			
COMMITTEE		Φ /3	IN-KIND			
NAME	Jo Aun Hughes					
ADDRESS	2 Arrowhead Estates Lane	7.45.42004	\$ 100 00			
CITY / STATE	Chesterfield MO 63017	7/6/2004				
EMPLOYER	retized	\$ 100	MONETARY			
COMMITTEE		100	IN KIND			
NAME	Tracy McCroery		1			
ADDRESS	41 Rye Lane	7/6/2004	\$ 100 00			
CITY / STATE	Sain: Loui, MO 63132 Aide state of Missouri	W ***				
EMPLOYER	Arda Prace of Missoull	\$ 150	MONETARY			
COMMITTEE			☐ IN KIND			
NAME	AMEC PAC					
ADDRESS CITY / STATE	2722 E McCarty PO BOX 1645	7/6/2004	\$ 100 00			
	Jefterson City MO 65101					
EMPLOYER  COMMITTEE	·	\$ 300	MONETARY			
NAME		*	IN KIND			
ADDRESS	Joseph (arrew		\$ 300 00			
CITY / STATE	3356 Tugcany HIlls Court Bridgeton MO 63044	7/6/2004	\$ 300 00			
EMPLOYER	Attorney	****	MONETARY			
COMMITTEE		\$ 300	IN KIND			
NAME		· · · · · · · · · · · · · · · · · · ·				
ADDRESS	Kathleen Kelly Burkett 2023 Huntington Ave		\$ 100 00			
CITY / STATE	Overland MO 63114	7/6/2004	100 00			
EMPLOYER.	Representative (St Louis County Council)	<b>#</b>	MONETARY			
COMMITTEE		\$ 200	IN KIND			
NAME	- 1 1 2 - 1		<u> </u>			
ADDRESS	Richard Powell 7 Ambes Grain Ct	7/6/2004	\$ 25 00			
CITY / STATE	O Pallon MO 63366	7/6/2004	-			
EMPLOYER	computers	¢ 75	MONETARY			
COMMITTEE		\$ 25	IN KIND			
TOTAL ITEMIZED CONTRIBUTIONS						
(CARRY	TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTA	CHED PAGES" ON FORM CO	11)			





ZWEIPEL FOR STATE REPRESENTATIVE 7/26/2004					
ZWEIFEL FOR ST					
INSTRUCTIONS					
PURPOSE The (Contributions R	purpose of the Contributions Received supplement is to provide a printer ecowed). This form should be used as additional space for reporting per ibutions. This form may be reproduced as needed.				
Total all Itemized Form CD 1	contributions at the bottom of the page and carry to item 7 (Subtotal life	emized Contributions From A	Any Attached Pages) on		
	ation is needed concerning reporting itemized expenditures: see Form CD	1 Instructions			
A ITEMIZED CONT	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED		
	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	100000000000000000000000000000000000000	CHECK IF MONETARY		
	0 TO A COMMITTEE	AGGREGATE TO DATE	OR IN-KIND)		
<u>J NAME. AUURES:</u> NAME	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE			
ADDRESS	Junette Henson		\$ 25 00		
CITY / STATE	/33 Riderwood Dr Hazelwood MO 63042	7/21/2004	25 00		
EMPLOYER	reti ed	. Milete	[7] MONETARY		
COMMITTEE		\$ 25	MONETARY IN-KIND		
NAME			L_J IN-KIND		
ADDRESS	HealthLink		150.00		
CITY / STATE	12443 Oliva Boluevard	7/21/2004	\$ 150 00		
	St Louis MO 63141	*** *********	PT		
EMPLOYER  ZO COMMITTEE		\$ 300	MONETARY IN KIND		
NAME			L IN KIND		
ADDRESS	Amanda Kıst	ļ	\$ 30 00		
CITY / STATE	725 W Canterbury Rd Apt 8 St Louis MD 63132	7/21/2004	1		
EMPLOYER	Express Scripts		[] MONETARY		
COMMITTEE		\$ 55	IN KIND		
NAME					
ADDRESS	Credit Union Political Action Committee		\$ 300.00		
CITY / STATE	2055 Craigshire Dr	7/8/2004	Ι Ψ 300 00		
EMPLOYER	St Louis MO 63146		Z MONETARY		
COMMITTEE		\$ 300	IN KIND		
NAME		<del>                                     </del>			
ADDRESS	Missouri State Council Firefighters PAC		\$ 200 00		
CITY / STATE	6320 Manchester Ave Suite 41A	7/19/2004	200 50		
EMPLOYER	Kansas City MO 64133		MONETARY		
Z COMMITTEE		\$ 200	IN-KIND		
NAME			1		
ADDRESS	Laborers Local Union 662 Voluntary Political Fund		\$ 200.00		
CITY / STATE	209 Flora Dr Jefferson City MO 65101	7/21/2004	1		
EMPLOYER	der conson of the visit	•	MONETARY		
COMMITTEE		\$ 200	IN KIND		
NAME					
ADDRESS	Painters District Council No 2	į	\$ 200.00		
CITY / STATE	2501 59th Street	7/22/2004			
EMPLOYER	St Louis, MO 63110	\$ 200	MONETARY		
COMMITTEE		\$ 200	IN-KIND		
NAME					
ADDRESS	Missouri State Council of Machinist PAC	7/20/2004	\$ 250 00		
CITY / STATE	12365 St Charles Rock Rd				
EMPLOYER	Bridgeton MO 63044	\$ 250	MONETARY		
✓ COMMITTEE		φ 450	IN KIND		
TOTAL ITEMIZED CONTRIBUTIONS					
	TOTAL TERRED CONTROLOG				
(CARRY TO ITEM ? "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)					





NAME OF COMMITT	EE	DATE			
WEIFEL FOR STA	NTE REFRESENTATIVE	7/26/2004			
INSTRUCTIONS		T T			
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.					
Form CD 1	contributions at the bottom of the page and carry to Item 7 (Subtotal Ite tion is needed concerning reporting Itemized expenditures. see Form CD		Any Attached Pages) on		
FROM COMMITTI MORE THAN \$10	RIBUTIONS RECEIVED  EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING  TO A COMMITTEE	4 DATE RECEIVED  AGGREGATE TO  DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)		
NAME ADDRESS CITY / STATE	Quarry Workers Local in on 829 Voluntary Political Fund 380 Market Street Ste Gonovieve MO 63670	7/20/2004	\$ 300 00		
EMPLOYER  COMMITTEE		\$ 300	MONETARY IN KIND		
NAME ADDRESS CITY / STATE EMPLOYER  COMMITTEE	Roofers Local #20 PAC 6301 Rockhill Rd Ste 420 Kansas City 64131	7/19/2004  \$ 200	\$ 200 00  MONETARY IN-KIND		
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	US Bancorp 800 Nicollet Mall Minneapolis MN 55042	7/19/2004 \$ 300	\$ 300 00  MONETARY IN KIND		
NAME ADDRESS CITY / STATE EMPLOYER Z COMMITTEE	Local 124 Voluntary Political Fund 301 East 103rd Terrace Kansas City MO 64114	7/19/2004 \$ 300	\$ 300 00  MONETARY IN KIND		
NAME ADDRESS CITY / STATE EMPLOYER  Z COMMITTEE	Slay for Mayor 2005 6659 Itaska St St Louis MO 63109	7/20/2004 \$ 300	\$ 300 00  MONETARY IN-KIND		
NAME ADDRESS CITY / STATE EMPLOYER  COMMITTEE	Harris for the House PO Box 7214 Columbia MO 65205	7/21/2004 \$ 50	\$ 50 00  MONETARY  IN-KIND		
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Shirley Breeze 138 Xings Drive Floriseant MD 63034 reti ed	7/21/2004 \$ 50	\$ 50 DD  MONETARY IN-KIND		
NAME ADDRESS CITY / STATE EMPLOYER Z COMMITTEE	MAMP-PAC 13610 Barrett Office Drv STE 112 Manchester MO 63021	7/21/2004 	\$ 100 00  MONETARY IN-KIND		
TOTAL ITEMIZED CONTRIBUTIONS  [CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)					





THETEE CORRECT	ME GUNDEPANATIO	7/26/2004				
	TE REPRESENTATIVE	1/26/2004				
INSTRUCTIONS						
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for ettaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.						
Total all itemized Form CD 1	contributions at the bottom of the page and carry to item ? (Subtotal III	emized Contributions From A	Any Attached Pages) on			
If further informat	tion is needed concerning reporting itemized expenditures, see Form Ci	0 1 Instructions				
A. ITEMIZED CONTR	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED			
FROM COMMITTE	ES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	·	(CHECK IF MONETARY			
	TO A COMMITTEE	AGGREGATE TO	OR IN-KIND)			
	AND OCCUPATION (LIST COMMITTEES FIRST)	DATE				
NAME	Brian Schlitt					
ADDRESS	1241 Tealwood Dr	7/19/2004	\$ 250 00			
CITY / STATE	St Charlos MD 63304 firefighter					
EMPLOYER	F17677A****	\$ 250	MONETARY			
COMMITTEE		<b>—</b>	IN KIND			
NAME	M1					
ADDRESS	Clint /weifel 1960 Acorn Trail Dr	7/20/2004	\$ 300 00			
CITY / STATE	Florissant MO 63031	1/20/2004				
EMPLOYER	Teamerters 600/State Rep	6 300	MONETARY			
COMMITTEE		\$ 300	IN-KIND			
NAME						
ADDRESS	Express Scripts Inc		<b>  \$</b> 300 00			
CITY / STATE	13900 Riverport Drive	7/21/2004	ļ ·			
EMPLOYER	Maryland Heights MO 63043	f	MONETARY			
☐ COMMITTEE		\$ 300	in-kind			
NAME						
ADDRESS			\$			
CITY / STATE			*			
EMPLOYER		100 Hp. 100 h	MONETARY			
COMMITTEE		\$	IN-KIND			
NAME	<del>*</del>					
ADDRESS			<b>S</b>			
CITY / STATE			•			
EMPLOYER			MONETARY			
COMMITTEE		<b>  \$</b>	IN-KIND			
NAME						
ADDRESS			<b>\</b>			
CITY / STATE			] *			
EMPLOYER		*******	MONETARY			
COMMITTEE		\$	I IN-KIND			
NAME						
ADDRESS		J	<b>  \$</b>			
CITY / STATE			<b>"</b>			
EMPLOYER		15556 P4 P0 111111	MONETARY			
COMMITTEE		<b>\$</b>	IN-KIND			
NAME		<del></del>				
ADDRESS			l s			
CITY / STATE			"			
_	EMDI OVER					
COMMITTEE \$ IN KIND						
TOTAL ITEMIZED CONTRIBUTIONS						
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)						



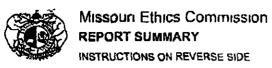
#### MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE INSTRUCTIONS ON REVERSE SIDE

THE TRUE HOUS ON REVERSE SIDE			19, 17, 18, 19	
1 NAME OF COMMITTEE		2 REPORT DATE	-	
ZWEIFEL FOR STATE REPRYSENTATIVE		7/26/2004	<del>,</del>	
A EXPENDITURES OF \$100 OR LESS BY CATEGOR			4 AMOUNT	PAID OR
(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BI 3 CATEGORY OF EXPENDITURE	ELOWI		INCURRED THI	S PERIOD
	··		<u> </u>	
Volunteer Supplies (food etc )	<del></del>	·	\$	50 00
			<b>]\$</b>	
5 SUBTOTAL NON-ITEMIZED EXPENDITURES THIS PAGE (SUM C	OLUMN 4)		\$	50 00
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PA			+ \$	0 00
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5+		<u> </u>	\$	50 00
B ITEMIZED EXPENDITURES ALL OVER \$100	1	10 PURPOSE (IF	<del>                                     </del>	- 30 00
AND ALL PAYMENTS TO CAMPAIGN WORKERS	9 DATE	PAYMENT WAS TO A	11 AMOUNT TH	IIS PERIOD
8 NAME AND ADDRESS OF RECIPIENT		CAMPAIGN WORKER SHOW AGGREGATE PAID)		
NAME Dell Computers		computer	\$	
ADDRESS PO Box 6403	7/9/2004	Comparer		498 52
CITY/STATE Carol Stream Illinois	,	\$ 1 498 52	INCURRED	,
NAME			s	
ADDRESS 1103 Louisville Ave Apt 25	7/15/2004	consulting fees	PAID 1	100 00
CITY/STATE St Louis MO 63139	1/13/2004	\$ 2,200 00	INCURRED	,
NAME	-	3 2,200 00	e INCORREL	<u>,                                     </u>
onited States Postal Service	7/20/2004	postage	1	222 00
ADDRESS Carr Station PO POTENTIAL Florispant MO 63031	7/20/2004	\$ 0.00	PAID INCURRED	
CITY / STATE FIGHTS BARC NO 53531	<u> </u>	3 000	P INCURREL	,
NAME Effingers Printing	7/20/2004	printing	( <b>3</b> )	516 89
ADDRESS 12703 Pennridge Drive Bridgeton MD 63044	7/20/2004	0.00	PAID	
CITTSIME		\$ 0.00	INCURRED	)
NAME Hazelwood Parks & Recreation		park rental fee		25 00
ADDRESS Howdershell Rd Hazelwood MO	7/13/2004	<b>\</b>	AID PAID	
CITY / STATE	<u> </u>	\$ 25 00	INCURRE	)
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)				362 41
13 SUBTOTAL ANY ATTACHED PAGES			+ \$	0 00
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)			<u> </u>	362 41
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14	1)		\$ 3	412 41
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		<u> </u>	\$ 3	412 41
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIO	סס		\$	
18 IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERI	OD LIST AMOUNT		\$	0 00
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH F	ORM CD1B)		<b> </b> \$	0 00
C MONETARY CONTRIBUTIONS MADE (REGARDLE	SS OF AMOUNT)			
		21 DATE	22 AMO	UNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE		_	<b></b>	
NAME				
ADDRESS			-	
CITY / STATE			\$	
NAME				
ADDRESS		-{	le	
CITY / STATE			\$	
NAME			1	
ADDRESS CITY/STATE			\$	
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)		<u> </u>	\$	
			<del>                                    </del>	
24 SUBTOTAL ANY ATTACHED PAGES	14 23 + 241	<u></u>	<del>                                    </del>	0 00
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SU				0.00
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT		<u></u>	\$	0 00
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE		(O)	\\$ \\$	
28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT			ĮΨ	0 00

Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE
 C010402

1 DATE OF REPORT OFFICE USE ONLY

M E C ID NO C010402		7/15/2004		
INSTRUCTIONS ON REVERSE SIDE				
2 FULL NAME OF COMMITTEE		<u> </u>		L
ZWEIFEL FOR STATE REPRESENTATIVE				
3 COMMITTEE MAILING ADDRESS			4 COMMITTEE TELEP	HONE NUMBER
1960 ACORN TRAIL DRIVE				
CITY / STATE / ZIP			(314) 972 19	90
FLORISSANT MO 63031				
5 TREASURERS NAME			<u> </u>	
Janice Smith				
6 TREASURERS MAILING ADDRESS	<del></del>		7 TREASURER S TELE	PHONE NUMBER
1960 ACORN TRAIL DAIVE			HOME (314) 972-19	90
CITY / STATE / ZIP			WORK (314) 731-39	169
FLORISSANT MO 63031				
8 DEPUTY TREASURER'S NAME  CHECK IF NO	DEPUTY TRE	ASURER		
TO A TO A TO A TO A TO A TO A TO A TO A			LA DEDUTATION	NEO O TELEGUIONE NUMBER
9 DEPUTY TREASURER'S MAILING ADDRESS			1	RER'S TELEPHONE NUMBER
			HOME	
			WORK	
11 DATE OF ELECTION	12 TYPE OF I	ELECTION (CHECK	ONE)	
11/2/2004		O PRIMARY	O GENERAL	O SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT	•		· · · · · · · · · · · · · · · · · · ·	
FROM 4/1/2004		THROUGH 6/30/2	004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATES		15 TYPE OF REPO	RT	
ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIT POLITICAL PARTY	VISION AND	15 DAYS AFTE	ER CAUCUS NOMINATI	ON
CLINT ZWEIFEL		COMMITTEE QUARTERLY REPORT		
1960 ACORN TRAIL FLORISSANT MD 63031		B DAYS BEFO		Jul 15 Oct 15
(314) 972 1990		30 DAYS AFTI	ER ELECTION	
STATE REPRESENTATIVE DISTRICT 78		TERMINATION	N (ATTACH FORM CO	<b>)-3)</b>
		l <u>—</u>	DEBT REPORT	
		Jannuai Sup	in 15 Jul 15 PLEMENTAL JAN 15	
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CHECK IF INCUMBENT		OTHER		
		MAMENDING PI	REVIOUS REPORT DAT	ren
REPUBLICAN DEMOCRAT				
16 COMMITTEE TREASURER'S SIGNATURE	,,, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	17 CANDIDATESS	IGNATURE (CANDIDA	TE COMMITTEES ONLY )
I CERTIFY THAT THIS REPORT COMPRISED OF THIS	COVER	I CERTIFY THAT	THIS REPORT COMPR	RISED OF THIS COVER
PAGE AND ALL ATTACHED FORMS IS COMPLETE TO ACCURATE	RUE AND	PAGE AND ALL A ACCURATE	ATTACHED FORMS IS	COMPLETE TRUE AND
ELECTRONICALLY FILED Jul 14 2004 4 20pm		ELECTRON.	ICALLY FILED Jul 14	1 4004 4 20PM
TREASURER'S SIGNATURE			ES SIGNATURE	
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NAME OF COMMITTEE

ZWEIFEL FOR STATE
REPRESENTATIVE

DATE OF REPORT

7/15/200



RECEIPTS	A THIS PERIOD	8 THIS ELECTION	BEGINNING AND ENDING	
1 TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 33 380 00		
ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 6690 00		MONEY ON HAND	
3 ALL LOANS RECEIVED THIS PERIOD	+\$ 000			
MISCELLANEOUS RECEIPTS THIS PERIOD	+\$ 0.00		ZE MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVING	1
5 BUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM ZA + 3A + 4A)	\$ 6 690 00		ACCOUNTS AND ALL OTHER INVESTMENTS)	43,127 47
6 IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$ 500 00		28 MONETARY RECEIPTS THIS PERIOD	+\$6,690 00
7 TOTAL ALL RECEIPTS THIS PERIOD (SUM SA + SA)	\$ 7 190 00		(FROM ITEM 5)	1 0,090 00
8 FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0.00		MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24 )	\$ 15,261 20
9 TOTAL ALL RECEIPTS THIS ELECTION (SUM 18 + 7A 8A)		\$ 40 570 00	a) Disbursements By Check \$	" 13,201 20
EXPENDITURES	A. THIS PERIOD	8 THIS ELECTION	28 MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD	\$ 34,556 27
10 TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 482490	(SUM 25 + 26 27)	34,330 21
11 EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 15 261 20		INDEBTEDNESS	
12 IN-KIND EXPENDITURES MADE THIS PERIOD	+\$ 0.00			
13 DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$ 0 00		29 OUTSTANDING INDEBTEDNESS AT TH	s 0 00
14 TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 15 261 20		BEGINNING OF THIS PERIOD	
15 YOTAL EXPENDITURES THIS ELECTION (SUM 108 + 14A)		\$ 20 086 10	30 LOANS RECEIVED THIS PERIOD	+\$ 0.00
CONTRIBUTIONS MADE	A. THIS PERIOD	B THIS ELECTION		0 00
16 TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0.00	31 NEW DEBTS INCURRED THIS PERIOD	+\$ 0.00
17 ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0.00			J 0 00
18 ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+\$ 0 00		PAYMENTS MADE ON LOANS THIS	\$ 0.00
19 TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0.00		PERIOD	
20 TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 188 + 19A)		1	CREDITS RECEIVED ON LOANS THIS	-\$ 0.00
OTHER DISBURSEMENTS	A THIS PERIOD	8 THIS ELECTION	PERIOD	0.00
21 FUNDS USED FOR REPAYING LOANS THIS PERIOD	+\$ 0 00		PAYMENTS MADE THIS PERIOD ON	s 0 00
PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$ 000		DEBTS INCURRED IN PREVIOUS PERIC	
23 ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+\$ 0.00		35 TOTAL INDEBTEONESS AT THE CLOSE OF THIS REPORTING PERIOD	s 0 00
24 TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 000	Mark the state of	(SUM 29 + 30 + 31 32 33 34)	CD SUMMARY



## MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED

INSTRUCTIONS ON REVERSE SIDE

1 NAME OF COMMITTEE		
ZWEIFEL FOR STATE REPRESENTATIVE	2 REPORT DATE 7/15/2004	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	4 DATE RECEIVED	5 AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	AGGREGATE TO	(CHECK IF MONETARY
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME		
ADDRESS		\$
CITY / STATE View Supplemental Form(s)	1884 48 44	
EMPLOYER	\$	MONETARY
COMMITTEE	9	IN-KIND
NAME		
ADDRESS		\$
CITY / STATE	PGF # 61 1510	
EMPLOYER	\$	MONETARY
COMMITTEE	*	☐ IN KIND
NAME		e e
ADDRESS CITY / STATE		\$
IEMPLOYER	- *******	LIMONETARY
COMMITTEE	\$	☐ MONETARY ☐ IN KIND
NAME		עמוא או ניי
ADDRESS		\$
ICITY / STATE		Ψ
EMPLOYER		MONETARY
COMMITTEE	\$	IN KIND
NAME		
ADDRESS		S
CITY / STATE		· ·
EMPLOYER		MONETARY
COMMITTEE	\$	☐ IN KIND
8 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)	\$ 0.00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES	+\$ 7 190 00	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)	\$ 7 190 00	
9 AMOUNT OF ITEM B THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 6 690 00
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		<b>\$</b> 500 00
B NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED INLINE 8 ON FORM	CD1A	\$ 0 00
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS	<del></del>	\$ 0.00
14 TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING	\$100 OR LESS	\$ 0.00
C LOANS RECEIVED	16 DATE	17 AMOUNT OF LOAN
15 NAME AND ADDRESS OF LENDER	RECEIVED	(IF MORE THAN \$100 ATTACH CD 18)
NAME		ni ingri qui igi
ADDRESS		
CITY / STATE		\$
NAME		
ADDRESS		
CITY / STATE		\$
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0.00
20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00
21 TOTAL ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)	Φ.	
		<u></u>
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 6,690 00
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & AD	DRESS (SUM 9 13 & 20)	\$ 6 690 00
		FORM CD1





NAME OF COMMITT	EE	DATE			
ZWEIFEL FOR STATE REIRESENTATIVE 7/15/2004					
INSTRUCTIONS					
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.					
Form CD 1	contributions at the bottom of the page and carry to item 7 (Subtotal lite		Any Attached Pages) on		
If further informa	tion is needed concerning reporting itemized expenditures see Form CD	1 Instructions			
A ITEMIZED CONT	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED		
	EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY		
	DITO A COMMITTEE  SAND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)		
NAME					
ADDRESS	A-B Recycling Corporation	C 13 P 18 P P	\$ 300 00		
CITY / STATE	P O Box 1780	6/17/2004			
EMPLOYER	Jefferson City MO 65101	\$ 0	MONETARY		
COMMITTEE		Ψ 0	IN KIND		
NAME	Name Sanatanha Canada Canada a		<u>.</u>		
ADDRESS	House Demotratic Campaign Committee 208 Madison Street	6/1/2004	\$ 300 00		
CITY / STATE	PO Box 2235 Jefferson City MO 65102				
EMPLOYER  COMMITTEE	OASSESSED CITY NO GOIDE	\$ 0	MONETARY		
NAME			LZ IN KIND		
ADDRESS	Charles Ernst Jr		\$ 50 00		
CITY / STATE	80 Florisota Drive Florisjant MO 63031	6/22/2004	•		
EMPLOYER	retired	***************************************	MONETARY		
COMMITTEE		\$ 100	IN-KIND		
NAME					
ADDRESS	Missouri NEA-PAC	5 (00 (000)	\$ 300.00		
CITY / STATE	1810 East Elm Street	6/22/2004			
EMPLOYER	Jefferson City MO 65101	\$ 300	MONETARY		
Z COMMITTEE		\$ 300	☐ IN KIND		
NAME	UPSPAC-Missouri		_		
ADDRESS	55 Glenlake Parkway N E	6/24/2004	\$ 50 00		
CITY / STATE	Atlanta Georgia 30328				
EMPLOYER  COMMITTEE	•	\$ 300	MONETARY		
NAME	<del></del>	<del></del>	L IN KIND		
ADDRESS	Ameren EU PAC		\$ 300 00		
CITY / STATE	PO Box 780	6/25/2004	300 00		
EMPLOYER	Jefferson City MO 65102	······································	[Z] MONETARY		
COMMITTEE		\$ 300	IN-KIND		
NAME			-		
ADDRESS	Friends of Vicky Wilson		\$ 300 00		
CITY / STATE	PO Box 957 Columbia MO 65205	6/28/2004			
EMPLOYER	COLUMNIA NO 69209	\$ 300	MONETARY		
COMMITTEE			IN-KIND		
NAME	HealthPAC				
ADDRESS CITY / STATE	PO Box 60	6/28/2004	\$ 100 00		
EMPLOYER	Jefferson City MO 65102	***************************************	MONETARY		
COMMITTEE		\$ 100	IN-KIND		
	D. CONTRIBUTIONS	I			
IUIAL IIEMIZE	DCONTRIBUTIONS				
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zweifel for St	ATE REPRESENTATIVE	7/15/2004	
INSTRUCTIONS			
PURPOSE The (Contributions R	purpose of the Contributions Received supplement is to provide a printed eccived) This form should be used as additional space for reporting persibutions. This form may be reproduced as needed.		
Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1			
If further informa	ation is needed concerning reporting itemized expenditures. see Form CD 1	Instructions	_
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NAME NAME	S AND OCCUPATION [LIST COMMITTEES FIRST]	DAIL	
ADDRESS CITY / STATE EMPLOYER COMMITTEE	AMECPAC 2722 E McCarty PO Box 1645 Jefferson City MO 65101	6/29/2004  \$ 200	\$ 100 00
		<del> </del>	I IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Ryan Rhodes 1525 19th Street NW Apt 2 Washington DC 20009 Tom Daschle	6/29/2004  \$ 20	\$ 20 00  MONETARY IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Missouri Physical Therapy Association PAC 1330 YMCA Dr STE 1200 Festus MO 63028	6/29/2004  \$ 159	\$ 150 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Yvonre Forter 2585 Lindsay Ln Plorissant MO 63031 Accountant Southwestern Hell	6/30/2004 \$ 100	\$ 100 00  MONETARY IN-KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Missouri Beer Wholesalers Association 1116 South Towne Square Suite 306 Saint Louis MO 63123	\$/30/2004 \$ 200	\$ 200 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	International Association of Heat & Asbestos Workers 3325 Hollenberg Drive Bridgeton MO 63044	6/30/2004 \$ 300	\$ 100 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	Linda Ewing 469 St Clair Grosse Lointe Michigan 48230 UAW	4/8/2004 \$ 30 00	\$ 30 00  MONETARY IN KIND
NAME ADDRESS CITY / STATE EMPLOYER COMMITTEE	KCP&L 1201 walnut Street Kansas City Missouri 64141	4/16/2004 \$ 300 00	\$ 300 00  MONETARY IN-KIND
TOTAL ITEMIZED CONTRIBUTIONS  (CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD 1)			





NAME OF COMMITTEE				
ZWEIFEL FOR STATE REPRESENTATIVE 7/15/2004				
INSTRUCTIONS				
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional apace for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.  Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on				
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	RIBUTIONS RECEIVED EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	4 DATE RECEIVED	5 AMOUNT RECEIVED	
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	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)	
NAME	· · · · · · · · · · · · · · · · · · ·			
ADDRESS	Endsley Jones 7214 Greenway Avenue	4 (22 (22 2	\$ 100 00	
CITY / STATE	St Louis Missouri 63103	4/22/2004	<u> </u>	
EMPLOYER	UM-St Louis and Self Employed	\$ 200 00	MONETARY	
COMMITTEE		\$ 200 00	IN KIND	
NAME				
ADDRESS	Michael Wittmer 6307 Hezelerest Court Suito 200	4/22/2004	\$ 100 00	
CITY / STATE	Hazelwood Missouri 63042	4/22/2004		
EMPLOYER	Selt-Employed	200.00	MONETARY	
COMMITTEE		\$ 100 00	IN KIND	
NAME				
ADDRESS	Betty Eberley		\$ 25 00	
CITY / STATE	3513 Blue Wing Court	4/24/2004		
EMPLOYER	Dickinson Texas 77539	\$ 25 00	MONETARY	
COMMITTEE		Ψ 23 00	IN KIND	
NAME	Bubasah Bafbaara		1	
ADDRESS	Patrick Raftery 1724 Foxglove Drive	4/30/2004	\$ 150 00	
CITY / STATE	St Charles Missouri 63033	4/30/2004		
EMPLOYER	Teamsters Local 688	\$ 300 00	MONETARY	
COMMITTEE		J 300 00	IN-KIND	
NAME	Kristin Geon			
ADDRESS	5644 Neosho Street	5/15/2004	\$ 50.00	
CITY / STATE	St Louis Missouri 63109 Elsevie:	3/13/2004		
EMPLOYER		<b>\$</b> 0	MONETARY	
COMMITTEE			IN KIND	
NAME ADDRESS	Nancy Yoke		\$ 100.00	
CITY / STATE	1229 NE Birchwood Drive Lee Summit Missour 54085	5/17/2004	\$ 100 00	
EMPLOYER	IBT		MONETARY	
COMMITTEE		\$ 0	IN KIND	
NAME		<del></del>	114 Kilde	
ADDRESS	Diana Butler		\$ 15.00	
CITY / STATE	5260 King, Park Drive St Lpuis Missouri 63129	5/17/2004	<b>3</b> 15 00	
EMPLOYER	In_urance and Welfare		MONETARY	
COMMITTEE		\$ 0	IN-KIND	
NAME			***************************************	
ADDRESS	Missouri Medical Political Action Committee		\$ 300 00	
CITY / STATE	Post Office Box 1402	5/10/2004	"	
EMPLOYER	Jefferson City Missouri 65102		MONETARY	
COMMITTEE		\$ 0	IN-KIND	
	O CONTRIBITIONS	· · · · · · · · · · · · · · · · · · ·		
TOTAL ITEMIZED CONTRIBUTIONS				
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ZWEIFEL FOR STATE REPRESENTATIVE 7		7/15/2004		
INSTRUCTIONS	· · · · · · · · · · · · · · · · · · ·			
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.				
Form CD 1	contributions at the bottom of the page and carry to Item 7 (Subtotal It		ny Attached Pages) on	
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	TO A COMMITTEE	AGGREGATE TO	(CHECK IF MONETARY OR IN-KIND)	
	AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR WHYIND)	
NAME	Friends of Michael Vogt		<b>.</b>	
ADDRESS	6035 Weber Road	6/4/2004	\$ 200 00	
CITY / STATE	St Louis Missouri 63123	***************************************	[7] HONGE OV	
EMPLOYER  COMMITTEE		\$ 0	MONETARY IN KIND	
NAME		<u> </u>		
ADDRESS	Sara J Brundick-Harist		\$ 250 00	
CITY / STATE	Post Office Box 160 Pacific Missouri 63069	5/22/2004	230 98	
EMPLOYER	Financial Services	100 to 100000	MONETARY	
COMMITTEE		\$ 0	IN-KIND	
NAME				
ADDRESS	Mark D Wylie 1044 Perry Street		\$ 50.00	
CITY / STATE	St Charles Missouri 63301	5/22/2004		
EMPLÓYER	Commercial Finance	\$ 0	MONETARY	
COMMITTEE		Ψ 0	IN-KIND	
NAME	Tanadate T. (talla			
ADDRESS	Fatrick T Wylie 39 Brar Cub Court	5/22/2004	\$ 50 00	
CITY / STATE	Wentsville Missouri 63385 Electrician Member of Local 1			
EMPLOYER	arectifian Member of Dotal I	<b>\$</b> 0	MONETARY	
COMMITTEE		<u> </u>	IN KIND	
NAME ADDRESS	Steven Wylie		\$ 100.00	
CITY / STATE	2190 Old Leasburg Read Leasburg Missouri 65535	5/22/2004	100 00	
EMPLOYER	Elevator Constructor Membe of Local 3		MONETARY	
COMMITTEE		<b>\$</b> 0	IN KIND	
NAME	* * * * * * * * * * * * * * * * * * *			
ADDRESS	Dale Smith 1212 Northeast 96th Terrace	E /00 /000 /	\$ 100 00	
CITY / STATE	Kansas City Missouri 54155	5/22/2004	1	
EMPLOYER	True Care Pharmacy	\$ 0	MONETARY	
COMMITTEE		\$ 0	in KIND	
NAME	Store Mary a			
ADDRESS	Steve Norris 1079 Camargo Drive	6/1/2004	\$ 300 00	
CITY / STATE	Ballwin Missouri 63011 Teamstors Local 688	6/1/2004	l	
EMPLOYER	14 min col a moder and	\$ 0	MONETARY	
COMMITTEE			IN KIND	
NAME	Joseph Galli		<b>6</b> 300 00	
ADDRESS	1822 Parsonage Drive Chesterf eld Missouri 63009	6/3/2004	\$ 300 00	
CITY / STATE EMPLOYER	Teamsters Local 688		MONETARY	
COMMITTEE		<b>\$</b> 0	I IN KIND	
<del></del>	2007770117010			
TOTAL ITEMIZE	D CONTRIBUTIONS			
(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)				





NAME OF COMMITTEE		DATE			
zweifel for state representative 7/15/2004			_		
INSTRUCTIONS					
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.					
Form CD 1	contributions at the bottom of the page and carry to item 7 (Subtotal Item		Any Attached Pages) on		
	tion is needed concerning reporting itemized expenditures. see Form CD	· · · · · · · · · · · · · · · · · · ·	·		
	A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE  AGGREGATE TO (CHECK IF MONETARY				
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)		
NAME					
ADDRESS	Missouri School Alliance PAC	6/7/2004	\$ 250 00		
CITY / STATE	398 Dix Road Suite 201	6/7/2004			
EMPLOYER.	Jefterson City Missour_ 65109	\$ D	MONETARY		
COMMITTEE		Ψ	☐ IN KIND		
NAME					
ADDRESS	Bent-Wood Incorporated	6/14/2004	\$ 300 00		
CITY / STATE	1501 Charbonier Road Florissant Missouri 63031	***************************************			
EMPLOYER	FIGITSSWIF WISSOULI 03031	\$ D	MONETARY		
COMMITTEE	<u> </u>		IN KIND		
NAME	MTN Managarant Tag		\$ 300.00		
ADDRESS	TJW Management Inc 1501 Charbonier Road	6/14/2004	\$ 300 00		
CITY / STATE EMPLOYER	Florissant Missouri 63031		MONETARY		
COMMITTEE		<b>\$</b> 0	IN-KIND		
NAME			I IN-KIND		
ADDRESS	Missouri Union of Law Enforcement		\$ 200 00		
CITY / STATE	5976 Howdershell Rd Suite 109	6/1/2004	1		
EMPLOYER	Hazelwood MO 63031	£ 200	MONETARY		
COMMITTEE		\$ 200	. IN-KIND		
NAME	Builders Assn PAC K C Chapter Assoc General				
ADDRESS	Builders Assn PAC K C Chapter Assoc General Contractors of America	5 (4 (3004	\$ 300 00		
CITY / STATE	632 West 39th Street	6/4/2004			
EMPLOYER	Kansas City MO 64111	\$ 300	MONETARY		
Z COMMITTEE		<u> </u>	LIN KIND		
NAME	Merck		\$ 300.00		
ADDRESS CITY / STATE	Summeytown Pike & Braod Street PO Box 4	6/23/2004	\$ 300 00		
EMPLOYER	West Point PA 19486	***************************************	MONETARY		
COMMITTEE		\$ 300	IN KIND		
NAME					
ADDRESS	Ameristar Casino St Charles		\$ 300 00		
CITY / STATE	1260 South main Street	6/28/2004	-		
EMPLOYER	St Charles MO	\$ 300	MONETARY		
COMMITTEE		<b>3</b> 00	IN-KIND		
NAME	American Constant Control				
ADDRESS	Ameristar Casino Kansas City PO Box 33480	5/30/2004	\$ 300 00		
CITY / STATE	Kansas City MO 64120	PROTECT	[7] un		
EMPLOYER	·	\$ 300	MONETARY		
COMMITTEE			IN KIND		
TOTAL ITEMIZE	D CONTRIBUTIONS				
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NAME OF COMMITTEE	DATE			
ZWEIFEL FOR STATE REPRESENTATIVE 7/15/2004				
INSTRUCTIONS		<b>^</b>		
PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.				
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Item Form CD 1		ny Attached Pages) on		
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MORE THAN \$100 TO A COMMITTEE	AGGREGATE TO DATE	OR IN-KIND)		
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME	DATE			
ADDRESS James Dwyer		\$ 50 00		
8460 Lindbergh North ICITY/STATE Florisant MO 6303.	6/30/2004	Ψ •••		
EMPLOYER James Dayer Insurance Agency		MONETARY		
COMMITTEE	\$ 50	IN-KIND		
NAME		-		
ADDRESS		\$		
CITY / STATE		Ť		
EMPLOYER	\$	MONETARY		
COMMITTEE	₽ ·	☐ IN KIND		
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# MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE

INSTRUCTIONS ON REVERSE SIDE NAME OF COMMITTEE REPORT DATE ZWEIFEL FOR STATE REPRESENTATIVE 7/15/2004 **EXPENDITURES OF \$100 OR LESS BY CATEGORY** 4 AMOUNT PAID OR (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW) INCURRED THIS PERIOD CATEGORY OF EXPENDITURE View Supplemental Form(s) \$ \$ 5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4) 0 00 6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES + \$ 220 00 7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6) 220 00 10 PURPOSE (IF **ITEMIZED EXPENDITURES ALL OVER \$100** PAYMENT WAS TO A 9 DATE 11 AMOUNT THIS PERIOD AND ALL PAYMENTS TO CAMPAIGN WORKERS CAMPAIGN WORKER SHOW 8 NAME AND ADDRESS OF RECIPIENT AGGREGATE PAID) NAME ADDRESS PAID CITY / STATE INCURRED NAME **ADDRESS** View Supplemental Form(s) PAID INCURRED CITY / STATE S NAME **ADDRESS** PAID \$ INCURRED CITY / STATE NAME **ADDRESS** PAID INCURRED CITY / STATE NAME ADDRESS PAID INCURRED CITY / STATE 12 SUBTOTAL THIS PAGE (SUM COLUMN 11) S 0 00 13 SUBTOTAL ANY ATTACHED PAGES + \$ 20 15 041 \$ 14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12+13) 15 041 20 15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14) \$ 15 261 20 15 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD 15 261 20 \$ 17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD 18 IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD LIST AMOUNT \$ 0 00 19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B) 0 00 MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) 21 DATE 22 AMOUNT 20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE NAME **ADDRESS** CITY / STATE NAME **ADDRESS** \$ CITY / STATE NAME ADDRESS CITY / STATE \$ 23 SUBTOTAL THIS PAGE (SUM COLUMN 22) 24 SUBTOTAL ANY ATTACHED PAGES + \$ 0 00 25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24) \$ 26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT \$ 0 00 27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26) \$ \$ 28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT 0 00



#### MISSOURI ETHICS COMMISSION **EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM**



NAME OF COMMITTEE	DATE	1,11,	112 212 20 102 1
ZWEIFEL FOR STATE REPRESENTATIVE	7/15/20	04	
EXPENDITURES OF \$100 OR LESS BY CATEGORY		AMOUN	IT PAID OR
(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 :	SUP B)	INCURRED	THIS PERIOD
CATEGORY OF EXPENDITURE			
District Map		\$	25 00
Office Keys		\$	3 17
Office Supplies		\$	57 83
Waste Removal		\$	B4 00
Volunteer Supplies		\$	50 00
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TOTAL ITEMIZED EXPENDITURES THIS PAGE			
(CARRY TO ITEM 13 "SUBTOTAL ANY ATTACHED PAGES ON FORM CD-3)		\$	- ORM CD 3 SUP A



#### MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

NAME OF COM			REPORT DATE	
	STATE REPRESENTATIVE	<del></del>	7/15/2004  PURPOSE (IF PAYMENT)	
AND ALL	ED EXPENDITURES ALL OVER \$100 PAYMENTS TO CAMPAIGN WORKERS DRESS OF RECIPIENT	DATE	WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME ADDRESS CITY / STATE	Melissa Threadgill 1103 Louisvillo Ave Saint Louis MO 63139	6/22/2004	Consulting Fees	PAID 1 100 00 INCURRED
NAME ADDRESS CITY / STATE	Bates Neimand 1025 Vermont Avenue NW #838 Washington DC 20005	5/4/2004	Consulting Fees \$ 0 00	\$ PAID 4 500 00
NAME ADDRESS CITY / STATE	CDK Web 27 James Drive Second Floor St Charles MO 63301	5/4/2004	Web Site Develo	PAID 4 575 70
NAME ADDRESS CITY/STATE	Mueller 5ign Shop 4418 Manchester Road St Louis MO 63100	5/17/2004	Yard Signs	PAID 1 974 75
NAME ADDRESS CITY / STATE	United States Postal Service 12255 Natural Bridge Road Bridgeton MO 63044	6/3/2004	Postage 0 00	PAID 1 015 00
NAME ADDRESS CITY / STATE	Cingular Wireless Post Office Box 650553 Dallas TX 75265-0553	6/7/2004	Phone \$ 0 00	\$ PAID 500 00
NAME ADDRESS CITY / STATE	Office Depot 12452 St Charles Rock Road Bridgeton MO 63044	6/14/2004	Office Supplies \$ 0 00	PAID 153 54
NAME ADDRESS CITY / STATE	Effinger Printers 12703 Pennridge Drive Bridgeton MO 53044	6/16/2004	Printing 0 00	PAID 213 15 INCURRED
NAME ADDRESS CITY/STATE	Cingular Wireless Post Office Box 65055 Dallas Texas 75265	4/26/2004	Phones 0 00	PAID 500 00
NAME ADDRESS CITY/STATE	Orange Computer 1101 Howdershell Road Hazelwood Missouri 63042	4/26/2004	Printing Suppli \$ 0 00	
NAME ADDRESS CITY / STATE	Effinger Brinting 12703 Penmindge Drive Bridgeton Missouri 63044	4/26/2004	Paper/Letterhea 0 00	
NAME ADDRESS CITY / STATE			\$	\$ PAID INCURRED
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#### MISSOURI ETHICS COMMISSION INDEPENDENT CONTRACTOR EXPENDITURE

INSTRUCTIONS ON REVERSE SIDE NAME OF COMMITTEE DATE ZWEIFEL FOR STATE REPRESENTATIVE 7/15/2004 ITEMIZED EXPENDITURES ON PRO-RATED **DESCRIPTION OF SERVICES** PAYMENT TO INDEPENDENT TOTAL DATE COST FOR CONTRACTOR RENDERED **AMOUNT PAID** SERVICE (NAME AND ADDRESS OF RECIPIENT) Bates Neimand Direct Mail 1025 Vermont Avenue NW Consultanting 5/4/2004 #830 Washington DC 20005 0 00 4 500 00 CDK Web com Web Design & 27 James Drive Second Maintenance 5/4/2004 Floor St Charles MO 63301 0 00 2 837 50 Melissa Threadgill Strategic/ManagementC 1103 Louisville Ave onsulting 6/1/2004 Saint Louis MO 63031 0 00 | 1 100 00

FORM CD-8

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## Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

1 DATE OF REPORT OFFICE USE ONLY

	C01040	2	4/15/2004	
M E C ID !	NO	<del>-</del>	<del>-</del>	
2 FULL NAME OF COMMITTEE				
ZWEIFEL POR STATE REPRESENTATIVE				
3 COMMITTEE MAILING ADDRESS			4 COMMITTEE TELEPHONE	NUMBER
1960 ACORN TRAIL DRIVE				
CITY / STATE / ZIP		·	(314) 972-1990	
PLORISSANT MO 63031				
5 TREASURERS NAME	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
JANICE SMITH				
6 TREASURER'S MAILING ADDRESS			7 TREASURERS TELEPHON	E NUMBER
1960 ACORN TRAIL DRIVE			HOME (314) 972-1990	
CITY / STATE / ZIP			WORK (314) 731 3969	
PLORISSANT MO 63031				
8 DEPUTY TREASURERS NAME CHECK IF NO	DEPUTY TRE	ASURER		
9 DEPUTY TREASURER'S MAILING ADDRESS	<del></del>	<del></del>	10 DEPUTY TREASURERS	TELEPHONE NUMBER
1			HOME	
			<b></b>	
			WORK	
11 DATE OF ELECTION	12 TYPE OF	ELECTION (CHECK		
11/2/2004		O PRIMARY	O GENERAL	O SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT	<del></del>		<del></del>	
FROM 1/1/2004		THROUGH 3/31/2	004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATES		15 TYPE OF REPO	RT	
ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIN POLITICAL PARTY	VISION AND	15 DAYS AFT	ER CAUCUS NOMINATION	
CLINT ZWEIFEL		COMMITTEE	QUARTERLY REPORT	_
		<u></u>	an 15 ☑Apr 15 ☐Ju	115 Oct 15
1960 ACORN TRAIL FLORISSANT MO 53031		8 DAYS BEFO	)KE	
(314) 972-1990		30 DAYS AFT	ÉR ELECTION	
STATE REPRESENTATIVE DISTRICT 78		TERMINATIO	N (ATTACH FORM CO-3)	
		SEMIANNUAL	DEBT REPORT	
			an 15 Jul 15	
		1 =	PLEMENTAL JAN 15	
_		15 DAYS AFT	ER PETITION DEADLINE	
CHECK IF INCUMBENT		OTHER		
		AMENDING P	REVIOUS REPORT DATED	
REPUBLICAN DEMOCRAT				
16 COMMITTEE TREASURERS SIGNATURE	·	17 CANDIDATES	GIGNATURE (CANDIDATE CO	MMITTEES ONLY )
I CERTIFY THAT THIS REPORT COMPRISED OF THIS		I CERTIFY THAT	THIS REPORT COMPRISED	OF THIS COVER
PAGE AND ALL ATTACHED FORMS IS COMPLETE TH	RUE AND		ATTACHED FORMS IS COMP	LETE TRUE AND
ACCURATE		ACCURATE		
ELECTRONICALLY FILED Apr 8 2004 7 24PM		ELECTRON	ICALLY FILED APT 8 2004	1 7 24PM
TREASURER S SIGNATURE		CANDIDAT	ES SIGNATURE	



### Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE ZWEIFEL FOR STATE REPRESENTATIVE

DATE OF REPORT

4/15/200



RECEIPTS	A. THIS PERIOD	B THIS ELECTION	STATEMENT OF
1 TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 29 655 00	BEGINNING AND ENDING FINANCIAL CONDITION
ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 3 725 DD		
3 ALL LOANS RECEIVED THIS PERIOD	+\$ 0 00		MONEY ON HAND
MISCELLANEOUS RECEIPTS THIS PERIOD	+\$ 000		25 MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING
5 BUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 3 725 00		FUNDS IN DEPOSITORY CASH SAVINGS \$ 39,902 47 ACCOUNTS AND ALL OTHER INVESTMENTS)
6 IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$ 0 00		MONETARY RECEIPTS THIS PERIOD
7 TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 3 725 00		(FROM ITEM 5) +\$3,725 00
B FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0.00		MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24 )  SECOND
9 TOTAL ALL RECEIPTS THIS ELECTION (SUM 18 + 7A &A)		<b>\$</b> 33 380 00	a) Disbursements By Check \$ 500 u. \$ 500 0.
EXPENDITURES	A THIS PERIOD	8 THIS ELECTION	MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD \$ 43,127 47
10 YOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 4 324 90	(SUM 25 + 26 27)
11 EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	<b>\$</b> 500 00		INDEPTEDNESS
12 IN KIND EXPENDITURES MADE THIS PERIOD	+\$ 0 00		INDEBTEDNESS
DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$ 0 00		OUTSTANDING INDEBTEDNESS AT THE S 0 0
14 TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 500 00		BEGINNING OF THIS PERIOD \$ 0 00
15 TOTAL EXPENDITURES THIS ELECTION (SUM 108 + 14A)		\$ 4 824 90	LOANS RECEIVED THIS PERIOD + \$ 0 0 0
CONTRIBUTIONS MADE	A THIS PERIOD	8 THIS ELECTION	COMING RECEIVED THIS FERROD
16 TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 300 00	NEW DEBTS INCURRED THIS PERIOD + \$
17 ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0.00		NEW DEBTS INCURRED THIS PERIOD + \$ 0 0
18 ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+\$ 0 00		PAYMENTS MADE ON LOANS THIS \$ 0 00
19 TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 8 00		PERIOD
20 TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 168 + 19A)		\$ 300 00	CREDITS RECEIVED ON LOANS THIS - \$ 0 0 0
OTHER DISBURSEMENTS	A THIS PERIOD	B THIS ELECTION	PERIOD -\$ 0.00
21 FUNDS USED FOR REPAYING LOANS THIS PERIOD	+\$ 0.00		PAYMENTS MADE THIS PERIOD ON S 0 0 0
PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$ 0 00		DEBTS INCURRED IN PREVIOUS PERIOD \$ 0 00
23 ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+\$ 0 00		35 TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD \$ 0 0 0
24 TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 000		(SUM 29 + 30 + 31 32 33 34)

1 NAME OF COMMITTEE	2 REPORT DATE	
ZWEIFEL FOR STATE REPRESENTATIVE	4/15/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING		(CHECK IF
MORE THAN \$100 TO A COMMITTEE	AGGREGATE TO	MONETARY
3. NAME ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME	DATE	OR IN-KIND)
ADDRESS		
		\$
CITY / STATE View Supplemental Form(s)	*******	MONETARY
COMMITTEE	\$	IN KIND
NAME	· · · · · · · · · · · · · · · · · · ·	EJ IIV KIIVO
ADDRESS		\$
CITY / STATE		*
EMPLOYER		MONETARY
Соммитее	\$	IN-KIND
NAME		
ADDRESS		\$
CITY/STATE		-
EMPLOYER	\$	MONETARY
COMMITTEE	Ψ	☐ IN-KIND
NAME		
ADDRESS		\$
CITY / STATE	*****	
EMPLOYER  COMMITTEE	\$	MONETARY
NAME		IN KIND
ADDRESS		<b>S</b>
CITY/STATE		3
EMPLOYER	· · · · · · · · · · · · · · · · · · ·	MONETARY
COMMITTEE	\$	IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+\$ 3 725 00
6 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 3,725 00
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS	<u> </u>	~
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		<u> </u>
8 NON-ITEMIZED CONTRIBUTIONS RECEIVED		
(LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM	CD1A	\$ 0.00
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0 00
14 TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING	\$100 OR LESS	\$ 0.00
C LOANS RECEIVED	16 DATE	17 AMOUNT OF LOAN
15 NAME AND ADDRESS OF LENDER	RECEIVED	(IF MORE THAN \$100
NAME		ATTACH CD-18)
ADDRESS		
CITY / STATE		\$
NAME		
ADDRESS		
CITY / STATE		\$
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0.00
20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00
21 TOTAL ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		œ
		<u> </u>
22 TOTAL ALL MONEYARY CONTRIBUTIONS (SUM 9 11 12 & 13)	000000000000000000000000000000000000000	\$ 3,725 00
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADI	DRESS (SUM 9 13 & 20)	IS 3.725 nn





- SELECTION -			
NAME OF COMMITT		DATE	
ZWEIFEL FOR ST	ATB REPRESENTATIVE	4/15/2004	
INSTRUCTIONS			
(Contributions Re	purpose of the Contributions Received supplement is to provide a printer eceived). This form should be used as additional space for reporting per- ibutions. This form may be reproduced as needed.	i outline for attaching additi sons contributing more than	onal pages to Form CD1 1 \$100 and for
	contributions at the bottom of the page and carry to item 7 (Subtotal Ite	emized Contributions From ,	Any Attached Pages) on
	ition is needed concerning reporting itemized expenditures. see Form CD	-1 Instructions	
A FEMIZED CONT	DIRIUTIONS DECERTED	A DATE DECENTED	S AMOUNT DECEMES
FROM COMMITTE MORE THAN \$10	RIBUTIONS RECEIVED EES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING 0 TO A COMMITTEE 8 AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME			
ADDRESS CITY / STATE	UFCW Local No 88 300 South Grand Boulevard	1/17/2004	\$ 300 00
EMPLOYER  COMMITTEE	St Louis Missouri 63103	\$ 300 00	MONETARY IN KIND
NAME			
ADDRESS	Ford Motor Company Civic Action Fund-Missouri	1/22/2004	\$ 175 00
CITY / STATE	106 West 11th Street Suite 1540 Kansas City Missouri 64105	MARIEL	]
EMPLOYER  COMMITTEE	Name of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco	\$ 175 00	MONETARY IN-KIND
NAME	Behlmann Van Pont.ac GMC Truck		\$ 100 00
ADDRESS CITY / STATE	820 McDonnell Boulevard	2/2/2004	\$ 100 00
EMPLOYER	Hazelwood Missouri 63042	790F 97 50	MONETARY
(Z) COMMITTEE		\$ 100 00	IN KIND
NAME			
ADDRESS	Chris Wright	2/4/2224	\$ 50 00
CITY / STATE	4526 Eagle Estates	2/4/2004	
EMPLOYER	Florissant Missouri 63034	\$ 50 00	MONETARY
COMMITTEE		Ψ 30 00	IN-KIND
NAME	Political Action Committee of Laborers Local 42		L **
ADDRESS	Voluntary Fund	2/4/2004	\$ 300 00
CITY / STATE	3710 Enright Avenue St Louis Missouri 63108		Z MONETARY
EMPLOYER  COMMITTEE		\$ 300 00	MONETARY IN KIND
NAME			114 Killer
ADDRESS	Plumbers and Pipefitters Fund		\$ 300 00
CITY / STATE	12385 Larimore Road	2/20/2004	
EMPLOYER	St Louis Missouri 63138		MONETARY
COMMITTEE		\$ 300 00	IN KIND
NAME	AAA Missouri Tub and Tile		
ADDRESS	1245 Washington Street	2/21/2004	\$ 300 00
CITY / STATE	Florissant Missouri 63031	2/21/200 <del>2</del>	[C]
EMPLOYER  COMMITTEE		\$ 300 00	MONETARY IN-KIND
NAME		<del></del>	- IN-VIND
ADDRESS	90th Legislative District Committee		\$ 1 200 00
CITY / STATE	Post Office Box 143	2/29/2004	
EMPLOYER	High Ridge Missouri 63049		MONETARY
Z COMMITTEE		\$ 1450 00	IN KIND
TOTAL ITEMIZE	ED CONTRIBUTIONS		
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(UANKT	TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTAC	ANCO PAGES ON FORM CL	7 IĮ





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	ATE REPRESENTATIVE	4/15/2004	
INSTRUCTIONS			
(Contributions Re	purpose of the Contributions Received supplement is to provide a printed scerved). This form should be used as additional space for reporting per butions. This form may be reproduced as needed.	outline for attaching additions contributing more than	onal pages to Form CD1 \$100 and for
Total all Itemized Form CD 1	contributions at the bottom of the page and carry to Item 7 (Subtotal Ite	mized Contributions From A	lny Attached Pages) on
If further Informat	tion is needed concerning reporting itemized expenditures, see Form CD	1 Instructions	
	RIBUTIONS RECEIVED	4 DATE RECEIVED	5 AMOUNT RECEIVED
= = =	ES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY
	OTO A COMMITTEE	DATE	OR IN-KIND)
NAME ADDRESS	AND OCCUPATION (LIST COMMITTEES FIRST)		
ADDRESS	HealthLink		\$ 150 00
CITY / STATE	12443 Olive Boulevard	3/6/2004	• ======
EMPLOYER	St Louis Missouri 63141	***************************************	[7] MONETARY
COMMITTEE		\$ 150 00	IN KIND
NAME			
ADDRESS	Plumbers Union No 8 Political Action Committee	1/17/2224	\$ 300 00
CITY / STATE	8600 Hillcrest Road Suite 2	3/12/2004	]
EMPLOYER	Kansas City Missouri 64138	P 300 00	MONETARY
<b>Д</b> соммптее		\$ 300 00	IN KIND
NAME			
ADDRESS	Cash America		\$ 250 00
CITY / STATE	1600 West 7th Street	3/12/2004	l '
EMPLOYER	Fort Worth Texas 76102-2599	\$ 250 00	MONETARY
COMMITTEE		\$ 250 00	IN KIND
NAME			
ADDRESS	Democratic Legislative District Committee	3/31/2004	\$ 300 00
CITY / STATE	3150 Allen Avenue	3/31/2004	
EMPLOYER  COMMITTEE	St Louis Missouri 63104	\$ 300 00	MONETARY IN KIND
NAME			III KIND
ADDRESS		· •	\
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	D CONTRIBUTIONS		
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#### MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE INSTRUCTIONS ON REVERSE SIDE

- spher			DESCRIPTION OF THE PROPERTY.	<b>建筑建筑建筑建筑</b>	
NAME OF COMMITTEE		2 REPORT DATE	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA		
INEIFEL FOR STATE REPRESENTATIVE		4/15/2004	<del></del>		
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (UST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			4 AMOUNT PAID OR INCURRED THIS PERIOD		
CATEGORY OF EXPENDITURE			INCURREL	I HIS PERIOD	
				\$	
				\$	
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)				\$	
S SUBTOTAL NON-TEMIZED EXPENDITURES ANY ATTACHED PAGES				0 00	
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)				0 00	
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B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS	9 DATE	PAYMENT WAS TO A		IT THIS PERIOD	
NAME AND ADDRESS OF RECIPIENT		CAMPAIGN WORKER SHOW AGGREGATE PAID)			
NAME Cingular Wireless	1	500 00	\$		
ADDRESS Post Office Box 65055	1/25/2004	1300 00	7 PAID	500 00	
CITY/STATE Dallas Texas 75265-0553		\$ 0.00	<del></del>	RED	
NAME			\$		
ADDRESS			PAID		
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12 SUBTOTAL THIS PAGE (SUM COLUMN 11)			\$	500 00	
13 SUBTOTAL ANY ATTACHED PAGES			+ \$  \$	0 00	
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)				500 00	
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)				,	
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD					
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD					
18 IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD LIST AMOUNT 19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD18)				0 00	
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD18)				0 00	
C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21 DATE	22 AMOUNT		
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	· · · · · · · · · · · · · · · · · · ·		<del> </del>		
NAME ADDRESS					
ADDRESS			œ		
CITY / STATE			\$		
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ADDRESS					
CITY / STATE			s		
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)			\$	<del></del>	
24 SUBTOTAL ANY ATTACHED PAGES			<del>  φ   </del>	0 00	
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$	<u> </u>	
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 25 + 24)			\$	0 00	
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$	0 00	
28 IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT			\$	0 00	
C . COMMITTEE MADE GIT INTRING CONTRIBUTIONS THIS LEGION DIST MINORIAL			[4		